

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR MEDICAID SERVICES

ALTERNATIVE INTERMEDIATE SERVICES/MENTAL RETARDATION MANUAL

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SECTION I - INTRODUCTION

I. Introduction

The manual has been arranged in a loose-leaf format with a decimal page numbering system which will allow policy and procedural changes to be transmitted to you in a form which may be immediately incorporated into the manual (i.e., page 4.6 might be replaced by new pages 4.6 and 4.7).

Precise adherence to policy is imperative. In order that your claims may be processed quickly and efficiently, it is extremely important that you follow the policies as described in this manual. Questions concerning the application or interpretation of agency policy with regard to services should be directed to the Division of Program Services, Department for Medicaid Services, Cabinet for Health Services, CHR Building, Frankfort, Kentucky 40621, or phone (502) 564-6890. Questions concerning billing procedures or the specific status of claims should be directed to the fiscal agent. See Appendix for addresses and telephone numbers.

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II, Kentucky Medicaid Program

A. General Information

The Kentucky Medicaid Program is administered by the Cabinet for Health Services, Department for Medicaid Services. The Medicaid Program, identified as Title XIX of the Social Security Act, was enacted in 1965, and operates according to a State Plan approved by the U.S. Department of Health and Human Services.

Title XIX is a joint Federal and State assistance program which provides payment for certain medical services provided to Kentucky recipients who lack sufficient income or other resources to meet the cost of care. The **basic** -objective of the Kentucky Medicaid Program is to aid the medically indigent of Kentucky in obtaining quality medical care.

As a provider of services, you must be aware that the Department for Medicaid Services is bound by both federal and state statutes and regulations governing the administration of the State Plan. The Department cannot reimburse you for any services not covered by the plan. The state cannot be reimbursed by the federal government for monies improperly paid to providers of non-covered, unallowable medical services.

The Kentucky Medicaid Program, Title XIX, is not to be confused with Medicare. Medicare is a Federal program, identified as Title XVIII, basically serving persons sixty-five (65) years of age and older, and some disabled persons under that age.

The Kentucky Medicaid Program serves eligible recipients of all ages. This coverage is specified in the body of this manual.

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B. Administrative Structure

The Department for Medicaid Services, within the Cabinet for Health Services, bears the responsibility for developing, maintaining, and administering the policies and procedures, scopes of benefits, and basis for reimbursement for the medical care aspects of the Program. The Department for Medicaid Services makes payments to providers of services within the scope of covered benefits which have been provided to eligible clients.

Determination of the eligibility status of individuals and families for Medicaid benefits is a responsibility of the local Department for Social Insurance Offices which are located in each county of the state.

C. Advisory Council

The Kentucky Medicaid Program is guided in policy-making decisions by the Advisory Council for Medical Assistance. In accordance with the conditions set forth in KRS 205.540, the Council is composed of eighteen (18) members, including the Secretary of the Cabinet for Health Services, who serves as an ex officio member. The remaining seventeen (17) members are appointed by the Governor to four-year terms. Ten (10) members represent the various professional groups providing services to Program recipients, and are appointed from a list of three (3) nominees submitted by the applicable professional associations. The other seven (7) members are lay citizens.

In accordance with the statutes, the Advisory Council meets at least every three (3) months and as often as deemed necessary to accomplish their objectives.

In addition to the Advisory Council, the statutes make provision for a five-member technical advisory committee for certain provider groups and recipients. Membership on the technical advisory committees is decided by the professional organization that the technical advisory committee represents. The technical advisory committee provide for a broad professional representation to the Advisory Council.

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As necessary, the Advisory Council appoints subcommittees or ad hoc committees responsible for studying specific issues and reporting their findings and recommendations to the Council.

D. Policy

The basic objective of the Kentucky Medicaid Program is to assure the availability and accessibility of quality medical care to eligible Program clients.

The 1967 amendments to the Social Security Law stipulates that Title XIX Programs have secondary liability for medical costs of Program recipients. That is, if the patient has an insurance policy, veteran's coverage, or other third party coverage of medical expenses, that party is primarily liable for the patient's medical expenses. The Medicaid Program has secondary liability. Accordingly, the provider of service shall seek reimbursement from such third party groups for medical services rendered. If you, as the provider, receive payment from Medicaid before knowing of a third party's liability, a refund of that payment shall be made to Medicaid, as the amount payable by the Cabinet shall be reduced by the amount of the third party obligation,

In addition to statutory and regulatory provisions, several specific policies have been established through the assistance of professional advisory committees. Principally, some of these policies are as follows:

All participating providers shall agree to provide services in compliance with federal and state statutes regardless of sex, race, creed, religion, national origin, handicap, or age.

Each medical professional is given the choice of whether or not to participate in the Kentucky Medicaid Program. From those professionals who have chosen to participate, the client may choose the one (1) from whom he wishes to receive his medical care.

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When the Department for Medicaid Services makes payment for a covered service and the provider accepts the payment made by the Department in accordance with the Department's fee structure, the amounts paid shall be considered payment in full; and no bill for the same service shall be tendered to the recipient, or payment for the same service accepted from the recipient.

Providers of medical service attest by their signatures (not facsimiles) that the presented claims shall be valid and in good faith. Stamped signatures shall not be acceptable. Fraudulent claims are punishable by fine or imprisonment or both.

All claims and substantiating records are auditable by both the Government of the United States and the Commonwealth of Kentucky.

All claims and payments are subject to rules and regulations issued from time to time by appropriate levels of federal and state legislative, judiciary and administrative branches.

All services to clients of this Program shall be on a level of care at least equal to that extended private pay patients, and normally expected of a person serving the public in a professional capacity.

All clients of this Program are entitled to the same level of confidentiality afforded patients not eligible for Medicaid benefits.

Professional services shall be periodically reviewed by peer groups within a given medical specialty.

Services are reviewed for client and provider abuse. Willful abuse by the provider may result in his suspension from Program participation. Abuse by the client may result in surveillance of the payable services he receives.

A claim shall not be paid for services outside the scope of allowable benefits within a particular specialty. Likewise, a claim shall not be paid for services that require, but do not have, prior authorization by the Kentucky Medicaid Program.

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Claims shall not be paid for medically unnecessary items, services, or supplies.

When a client makes payment for a covered service, and such payment is accepted by the provider as either partial payment or payment in full for that service, no responsibility for reimbursement shall be attached to the Department and no bill for the same service shall be paid by the Department.

E. Public Law 92-603

Section 1909. (a) Whoever--

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under State plan approved under this title,

(2) at any time knowingly and willfully makes or causes to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment.

(3) having knowledge of the occurrence of any event affecting (A) his initial, or continued right to any such benefit or payment, of (B) the initial or continued right to any such benefit or payment of any other individual in whose behalf he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event with an intent fraudulently to secure such benefit or payment either in a greater amount or quantity than is due or when no such benefit or payment is authorized, or

(4) having made application to receive any such benefit or payment for the use and benefit of another and having received it, knowingly and willfully converts such benefit or payment or any part thereof to a use other than for the use and benefit of such other person,

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shall (i) in the case of such a statement, representation, concealment, failure, or conversion by any person in connection with the furnishing (by that person) of items or services for which payment is or may be made under this title, be guilty of a felony and upon conviction thereof fined not more than \$25,000 or imprisoned for not more than five (5) years or both, or (ii) in the case of such a statement, representation, concealment, failure, or conversion by any other person, be guilty of a misdemeanor and upon conviction thereof fined not more than \$10,000 or imprisoned for not more than one (1) year, or both. In addition, in any case where an individual who is otherwise eligible for assistance under a State plan approved under this title is convicted of any offense under the preceding provisions of this subsection, the State may at its option (notwithstanding any other provision of this title or of such plan) limit, restrict, or suspend the eligibility of that individual for such period (not exceeding one (1) year) as it deems appropriate; but the imposition of a limitation, restriction, or suspension with respect to the eligibility of any individual under this sentence shall not affect the eligibility of any other person for assistance under the plan, regardless of the relationship between that individual and such other person.

(b) (1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in case or in kind--,

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five (5) years or both.

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(2) Whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person--

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under this title, or

(B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under this title, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.

(3) Paragraphs (1) and (2) shall not apply to--

(A) a discount or other reduction in price obtained by a provider of services or other entity under this title if the reduction in price is properly disclosed and appropriately reflected in the costs claimed or charges made by the provider or entity under this title; and

(B) any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services.

(c) Whoever knowingly and willfully makes or causes to be made, or induces or seeks to induce the making of, any false statement or representation of a material fact with respect to the conditions or operation of any institution or facility in order that such institution or facility may qualify (either upon initial certification or upon recertification) as a hospital, nursing facility, or home health agency (as those terms are employed in this title) shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.

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(d) Whoever knowingly and willfully--

(1) charges, for any service provided to a patient under a State plan approved under this title, money or other consideration at a rate in excess of the rates established by the State, or

(2) charges, solicits, accepts, or receives, in addition to any amount otherwise required to be paid under a State plan approved under this title, any gift, money, donation, or other consideration (other than a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to the patient)--

(A) as a precondition of admitting a patient to a hospital, nursing facility, or

(B) as a requirement for the patient's continued stay in such a facility, when the cost of the services provided therein to the patient is paid for (in whole or in part) under the State plan, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five (5) years, or both.

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SECTION III- CONDITIONS OF PARTICIPATION

III. CONDITIONS OF PARTICIPATION

A. Target Population

This program was developed for Kentucky residents with mental retardation or developmental disabilities who meet the criteria for the level of care provided in an Intermediate Care Facility for the Mentally Retarded and Developmentally Disabled (ICF/MR/DD), and whose services in an ICF/MR/DD would qualify for payment under the State Plan for Medical Assistance. As an alternative to institutional care, the program is designed to allow clients to be placed in the community in the least restrictive setting.

The State has the option to exclude from this program those individuals for whom there is a reasonable expectation that the AIS/MR community-based services would be more costly than the Medicaid institutional services the client might otherwise receive.

Applications for clients who meet the ICF/MR/DD level of care shall be reviewed to determine the appropriateness of the AIS/MR Program services to meet their needs. The client or his legal representative shall be informed that AIS/MR services are an alternative to ICF/MR/DD services and shall be given a choice between AIS/MR and ICF/MR/DD services. Approval for these services does not guarantee that the service will be available or provided; nor does it guarantee eligibility for Medicaid benefits.

AIS/MR services shall not be provided to clients while they are inpatients of hospitals, nursing facilities, or ICFs/MR/DD.

B'. Program Intent

The intent of the AIS/MR Program is to provide community-based services to Kentucky residents with mental retardation or developmental disabilities who are Medicaid-eligible and who meet the level of care criteria for placement in an ICF/MR/DD facility.

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Although there have been recent changes to the AIS/MR Program, the intent of the program is still to provide quality services to each client according to his needs as indicated in his individual **habilitation** plan.

These needs are to be met by providing directly to the client services **such** as the following: case management, residential services, day habilitation, in-home training, personal care, respite, and habilitation services. These services may be provided by (1) a single provider who can provide all needed services or (2) several AIS/MR providers, depending on the services offered by each provider.

For example, a client may choose ABC Center to provide all needed covered services, while another client may choose provider **D** for respite services, provider E for case management, **and provider F** for day habilitation and in-home training.

In order to provide continuity of care, all clients shall receive case management services. The requirements of case management place the case manager in a pivotal position. The case management provider coordinates all services for the client. The case management provider is in charge of securing and monitoring all needed services.

The case management provider, therefore, works closely with all service providers. To achieve quality continuity of care, there must be cooperation and collaboration among the different providers involved in a client's care. This collaborative effort is reinforced with the use of a signed agreement, entitled the **Memorandum of Understanding**. The Memorandum of Understanding is a signed agreement between the case management provider and each service **provider**. ~~This~~ agreement allows the client to obtain needed services from **different** providers.

Therefore, while the structure of the AIS/MR program has changed, the services covered and the intent of the program, to provide quality care to Kentucky's mentally retarded and developmentally disabled citizens, remains the same.

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C. General Provider Information

1. Provider Participation

Any provider, who meets the conditions of participation criteria, may enroll and participate as an AIS/MR provider who can then receive direct reimbursement from Medicaid for AIS/MR services performed.

All AIS/MR providers shall be surveyed and recommended for certification annually.

Participation is limited to in-state providers, i.e. providers whose main and branch offices are located totally within the confines of the state of Kentucky.

All providers shall meet the conditions of participation relative to the service element(s) they wish to provide.

Multi-service providers, i.e., those providers who provide two or more AIS/MR services, shall meet the conditions of participation for each service element.

Detailed individual conditions of participation for each service element are located in this section. In addition to meeting the conditions of participation for each service element to be provided, ALL providers shall also meet the remaining requirements for participation which begin on page 3.229 through 3.244. These additional requirements include record keeping, staff training, financial accountability, the client's continuing income utilization review, guardianship requirements, and termination of participation.

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2. Provider Enrollment

Providers who wish to enroll and participate as AIS/MR providers should contact The Department for Medicaid Services, Provider Enrollment Section, at (502) 564-3476 to request a participation packet.

Participation packets include the following:

- (a) Provider Agreement (MAP-343)
- (b) Provider Information Sheet (MAP-344)
- (c) Statement of Services To Be Completed
- (d) Reimbursement Manual which includes a cost report
- (e) Policies and Procedures Manual

All providers shall complete items (a) thru (c) listed above. In addition, the cost report (d) shall be completed to determine the provider's rate(s) of reimbursement. All of these shall be returned to the:

Provider Enrollment Section
Department for Medicaid Services
275 East Main Street
Frankfort, KY 40621

Note to Group Home Providers: A copy of your license shall also be required if you are requesting participation as a group home, licensed pursuant to 902 KAR 20:078.

When the completed participation packet is received by the Department for Medicaid Services, notice will be sent to the surveying agency to request a survey of the provider. When a survey which results in compliance with all applicable conditions of participation stated in this section occurs, certification shall be recommended by the surveying agency and the Department for Medicaid Services shall approve certification.

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3. Provider Certification

In addition to the above participation and enrollment procedures, all AIS/MR providers shall be certified by Kentucky Medicaid for each service element they wish to provide. Providers who are not certified shall not be reimbursed by Kentucky Medicaid.

Certification requirements address the range of services to be provided, administrative management, minimum state requirements (including individual licensure or certification requirements) medical records, treatment planning, fire and safety codes, etc. A surveying agency shall be responsible for determining compliance with the Medicaid requirements for participation in the AIS/MR program. The surveying agency recommends certification of a provider to Kentucky Medicaid.

Prior to recommendation of certification of any provider, the surveying agency shall conduct a survey to determine compliance with the AIS/MR program requirements. If deficiencies are noted, the provider is required to develop an acceptable plan of correction in writing which specifically address methods to be used in making necessary corrections and completion dates.

This written plan of correction is to be sent to the surveying agency within thirty (30) days of the written notices. Deficiencies that are neither corrected nor have a plan of correction within sixty (60) days of written notice may result in a recommendation for decertification.

If the surveying agency determines that all certification requirements are met, an agreement for participation is issued for one (1) year by the Medicaid Program. The certification survey is completed by the surveying agency within thirty (30) days of receipt of the provider's first client and annually thereafter.

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The Kentucky Medicaid Program may terminate a provider agreement for participation based on non-compliance with all applicable requirements or a recommendation for decertification from the surveying agency. At any time, the surveying agency can recommend decertification of a provider if circumstances require and appropriate procedures are followed. Only those providers that retain certification shall be permitted to continue to serve AIS/MR clients.

The Department for Mental Health/Mental Retardation Services (DMH/MR) staff shall provide technical assistance to assist the AIS/MR provider in the development and ongoing maintenance of their specialized programs. This assistance shall also be available in order to assist the provider in maintaining compliance with the conditions of participation in the AIS/MR program. As requested by the Department for Medicaid Services, the DMH/MR shall provide consultation on standards and certification procedures.

4. Memorandum of Understanding

As referenced in B. Program Intent, the case management provider is central in the delivery of AIS/MR services. All AIS/MR clients shall receive case management services.

The case manager secures and oversees the services provided to the client. The case management provider enters into a written agreement of cooperation with each of the other providers serving the client, in accordance with the client's individual habilitation plan.

This written agreement, entitled the Memorandum of Understanding, shall be signed by the case management provider and each service provider. A Memorandum of Understanding shall be completed for each service provider and copies shall be kept in both the case management provider's files and for both the case management provider and each service provider.

For both the case management provider and each service provider, the Memorandum of Understanding is required in order to maintain certification as an AIS/MR provider.

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SECTION III - CONDITIONS OF PARTICIPATION

D. Individual Provider Qualifications

1. CASE MANAGEMENT PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A case-management provider is an agency which assists in the acquisition of and arranges for services needed by persons with mental retardation and developmental disabilities so that they may remain in the community in the least restrictive setting and prevent the need for placement in an institutional setting.

B. Governing Body

1. The organization shall have a **governing** body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with mental retardation or developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the Executive Director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouse, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.

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4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family and legal representative concerning the client's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family and legal representative of unusual occurrences, such as a serious illness, accident or death.
 - d. Visitation to all parts of the agency that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.

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5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities, work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days and personal events is done on an individual basis and in an age-appropriate manner.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

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F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.
3. The agency shall maintain a list of persons requesting services.

G. Operations

1. The agency shall conduct review of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.

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6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified providers of AIS/MR/DD waiver services, other than case-management provider, within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD service providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:
 - a. separate accounting is maintained for each individual or for his interest in a common trust or special account;
 - b. account balances and records of transactions are provided to the client or the client's fiscal representative as requested, but at least annually; and
 - c. the client or the family, legal representative, advocate, or fiscal representative is consulted when large balances are accrued.

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I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include a grievance and appeals process.

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3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition, and developmental and behavioral status as identified by the provider;
 - c. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process;
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities while in the care of the provider except as contraindicated by factors identified in the individual habilitation plan;
 - f. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - g. Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints while in the care of the provider;
 - h. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;

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- i. Ensure that clients are not compelled to perform services for the **provider** and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - j. Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, and to send and receive unopened mail while in the care of the provider;
 - k. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;
 - l. Ensure clients the opportunity to participate in social, religious, and community group activities while in the care of the provider;
 - m. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider;

and
 - n. Permit a husband and wife to share a room while in the care of the provider.
- 4. Each client and his family or legal representative shall be informed of the rights of all clients in writing and in language the client understands.
 - 5. The agency shall have and follow policies and procedures for the establishment and functioning of a human rights committee which includes client representation and non-agency affiliated persons.

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K. Client Records

1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Psychological Evaluation
 - f. Level of Care Information
 - g. Preliminary Plan of Care
 - h. Documentation of Free Choice of Providers
 - i. Assessment summaries for each service area from the provider of the service (Residential Needs, Adaptive Skills, etc.)
 - j. Individual Habilitation Plan - Initial and Ongoing
 - k. Individual service providers plans of care if not included in the initial plan developed by the IDT
 - l. Staff notes - Case management and copies of other waiver service providers.

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- m. Physical examination
 - n. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - o. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142
 - p. Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable.
 - q. Release for treatment.
 - r. Emergency telephone numbers.
 - s. Medical Assistance Card or copy.
 - t. History of allergies - with appropriate allergy alerts in instances of severe allergies.
 - u. Client medication records.
 - v. Financial records
 - w. Photograph of the client.
 - x. Client Placement Form
 - y. Residential Needs Profile
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the IDT to all chosen providers of services required by that plan of care.
8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.

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L. Personnel Qualifications

1. The agency shall have sufficient direct-contact, professional, supervisory, and support staff to deliver the agency's services.
2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.
3. Supervisory Staff
 - a. The agency shall employ the following supervisory staff who shall be QMRPs (one person may serve in both capacities): (See Appendix [XIV].)
 1. case-management supervisor
 2. core-residence manager
 - b. The case-management supervisor shall be responsible for the supervision of no more than ten (10) case managers.
 - c. The core-residence supervisor shall be responsible for the following:
 1. The supervision of direct-contact core-residence staff,
 2. the direction of direct-contact core-residence staff in the evaluation and assessment process.
 3. the interpretation of the results of the evaluations/assessments.

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- d. The program director may also serve as the supervisor of the case managers or the manager of the core residence.
- 4. Direct-Contact Staff
 - a. The agency shall employ the following direct-contact staff:
 - 1. Case managers
 - 2. Core-residence staff
 - b. Case managers shall have a bachelor's degree in human services.
 - c. Case managers shall have no more than fifteen (15) clients at any given time.
 - d. Core-residence staff shall have a high school diploma or a G.E.D., and be at least eighteen (18) years of age or have at least one (1) year of experience as a direct-contact staff serving persons with MR/DD and be at least twenty-one (21) years of age.
- 5. Professional Staff

The agency shall employ directly or through procurement by contract the services of a psychologist who is licensed or certified by the Commonwealth of Kentucky to provide services to the general public.

M Training

- 1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

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2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct-contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three (3) months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior-management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment;
 - b. seclusion;
 - c. verbal abuse;
 - d. forced exercise;
 - e. electric shock;
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate; and
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.

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4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There shall also be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.

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5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only when all of the following conditions are met and documented:
 - a. When all conditions of Section XIV Behavior Management, letter D, have been met, and
 - b. The interdisciplinary team, the human rights committee, and a psychologist concur that the use of aversive conditioning is necessary and that to allow persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others.
 - c. An individualized written plan for behavior intervention has been developed by a clinical psychologist with a Ph.D. and approved by the IDT and the human rights committee.
 - d. The plan is carried out under the supervision of a clinical psychologist with a Ph.D. Direct supervision must occur weekly.
 - e. The staff person responsible for carrying out the plan has received specific training by the clinical Ph.D. psychologist in the techniques and procedures required by the plan. Training shall be documented.
 - f. The plan shall specify the length of time for which the treatment approval remains effective.
0. Safety and Sanitation
 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.

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1. The individual habilitation plan shall address ways in which the environment for the client is normalized.
- m. A specific plan for involving the client's family or significant others shall be included in the individual habilitation plan. Family involvement of adult clients shall be contingent upon the desires of the client or legal representative when the client is adjudicated disabled. The parent or legal representative shall be given a copy of the client's plan. The plan shall identify the staff member who is responsible for coordinating and facilitating the family's involvement throughout treatment.
- n. The complete individual habilitation plan shall be submitted to the Department for Medicaid Services, Division of Patient Access and Assessment and postmarked within seven (7) working days of the approval by the IDT and within seven (7) working days of the six-month approval or recertification.

T. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR/DD service being delivered;
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress;
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times of services; and
 - f. signature of the caregiver and proper title.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.

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3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

U. Services

1. The agency shall be responsible for the initiation, coordination and implementation of the assessment, evaluation, intake, and eligibility processes in accordance with sections U and S.
2. The agency shall be responsible for the identification of, coordination of and arrangements for the IDT and the meetings thereof, in accordance with Section S.
3. The agency shall be responsible for the operation of a core residence for the purpose of evaluation and transition of clients who need an alternative living unit (ALU), i.e., clients who shall not be living in their own home.
4. The agency shall be responsible for the development of the preliminary plan of care and coordination, updating, and monitoring of the initial and subsequent individual habilitation plans.
5. The agency shall assist clients in obtaining needed services outside those available through the AIS/MR/DD waiver, through referrals and information.
6. The agency shall assure the availability of the AIS/MR/DD services identified as needed to maintain the client in the community in accordance with the client's individual habilitation plan.
7. The agency shall provide to their clients and to their client's chosen providers 24-hour telephone access to a case management staff person.

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2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for the core residence for meeting emergencies and disasters e.g., fire, severe weather and missing persons.
4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.
5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to clients according to their disability, including visual signals with alarms where there are clients who cannot hear.
6. The plan shall include that evacuation drills be conducted and documented at least quarterly and are scheduled at different times of the day to include times when clients are asleep.
7. Results of the drills shall be evaluated and the plan shall be changed to accommodate clients who are unable to achieve the plan schedule.

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8. The core residence shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Two (2) fire extinguishers (one of which is capable of extinguishing a grease fire) which is at or above the rating of the 1A10BC type placed in strategic locations.
9. The core residence shall have no more than three (3) clients at any given time.
10. The core residence shall have a separate bed for each client which is equipped with substantial springs, a clean comfortable mattress, and clean bed linens.
11. The core shall have separate sleeping rooms for persons of the opposite sex (except spouses) and for persons with an age variance of no more than five (5) years when the client is under age eighteen (18) or for persons placed in undue physical. danger due to the relative size and strength of another client.
12. The agency shall have and follow policies and procedures for assuring that the nutritional needs of the client are met in accordance with the current recommended dietary allowance of Food and Nutrition Board of the National Research Council or as otherwise specified by a physician.
13. The agency shall have and follow policies and procedures for assuring accessibility of the core to all clients.

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P. Incident and Abuse Reporting

1. It is required that provider staff report to the DMS, and the surveying agency all major incidents on a report form approved by the DMS. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit incident reports to the surveying agency DMS, and the within five (5) working days of the incident..
4. Incident reports to the DMS shall be submitted to: The Division of Program Services, 275 East Main Street, Frankfort, KY 40621.
5. The agency shall maintain copies of all incident reports.
6. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

Q. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.

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2. Medication which shall accompany a client to a day program or program site other than his residential placement or home shall be carried in a proper container labeled with medication and dosage.
3. When medication is discontinued, the date and, name of attending physician shall be written on the medication administration form and that section lined through.
4. The agency shall have written policies and procedures for proper disposal of medications.
5. All medications shall be kept in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

R. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide **for the** client's needs and if the client is likely to benefit from the services provided by or through the agency.

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3. This evaluation shall be based on and contain background information and currently valid assessments of the following:
 - a. functional status
 - b. developmental status
 - c. behavioral status
 - d. social status
 - e. health status and
 - f. nutritional status
4. The agency shall conduct or arrange for interdisciplinary professional evaluations conducted by a physician, a social worker and other professionals at least one of whom is a QMRP to determine the client's need for ICF/MR/DD or AIS/MR/DD care.
5. This evaluation shall include the following:
 - a. Psychological evaluation of the need for care (No more than three (3) months old);
 - b. Medical evaluation (no more than three (3) months old);
 - c. Social evaluation (no more than three (3) months old);
 - d. Self-assessment (or family assessment if appropriate) of needs; and
 - e. Each professional evaluation shall include the following:
 1. diagnoses
 2. summary of present medical, social, and development findings
 3. medical and social family history
 4. mental and physical functional capacity
 5. prognoses

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6. kinds of services needed
 7. resources available in the home, family and community
 8. recommendations concerning need for ICF/MR or AIS/MR/DD care, i.e., active treatment.
6. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
 7. The agency shall inform the client or his legal representative of the choice of either institutional or AIS/MR/DD services.
 8. The agency shall inform the client or his legal representative of the rights and responsibilities of clients.
 9. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.
 10. The agency shall establish a preliminary, proposed plan of care which is developed by an interdisciplinary team, and is signed by the physician. The history and physical form signed by the physician shall meet the requirement of the physician's signature on the preliminary plan of care.
 11. The agency shall provide to the client and his legal representative a list of all available AIS/MR providers of services which are identified as needed by the client in the preliminary, proposed plan of care.
 12. The agency shall provide for the client's or legal representative's free choice and selection of provider of AIS/MR services identified in the preliminary plan of care.

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13. The agency shall maintain written documentation of the client's or legal representative's choices of providers of AIS/MR services identified in the individual habilitation plan.
14. The agency shall maintain written documentation of any change to the selection and the reason for the change.

S. Client Assessment and Individual Habilitation Plan

1. The provider shall be responsible for the following with regard to the Individual Habilitation Plan:
 - a. Development of a complete individual habilitation plan for each client shall be initiated by IDT within five (5) working days of the client's admission to the AIS/MR service system.
 - b. The interdisciplinary team shall include:
 1. The client, unless his inability or unwillingness to participate is documented;
 2. a QMRP;
 3. the designated case manager responsible for coordinating, signing, and monitoring the plan of care (may also serve as QMRP if qualified);
 4. a social worker (may also serve as QMRP if qualified);
 5. a psychologist, (may also serve as QMRP if qualified);
 6. a representative employee from each of the selected providers of AIS/MR services identified in the plan of care, as appropriate;
 7. professionals and other persons, as necessary, who have the necessary expertise to design and review elements of the plan, including those who provide training or treatment, and;
 8. the legally appointed representative, who shall have the opportunity to attend.

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- c. The IDT shall, within thirty (30) days of the client's admission to services, conduct and document as needed further assessments and evaluations which identify needs of the client in the following areas:
 - 1. physical development and health
 - 2. nutritional status
 - 3. sensorimotor development
 - 4. affective development
 - 5. speech and language development and auditory functioning
 - 6. cognitive development
 - 7. social development
 - 8. adaptive behaviors or independent living skills
 - 9. vocational skills
- d. The summaries of assessments conducted and the recommended goals and objectives received from each selected AIS/MR/DD provider shall be reviewed, considered and as appropriate included in the complete individual habilitation plan. As necessary, a designated representative of the selected provider shall be invited to attend the IDT meeting.
- e. The complete individual habilitation plan shall state specific goals for the individual client recommended by each service provider for each service area and approved by the IDT.
- f. Service and client behavioral objectives to reach identified goals shall be stated in the complete plan of care. These objectives shall be:
 - 1. recommended by each service provider
 - 2. based on the strengths and needs identified by an assessment process, and
 - 3. approved by the IDT

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- g. Each objective in the client's plan:
 - 1. shall be stated in measurable terms;
 - 2. shall contain a performance criterion and for each behavioral objective a measure of the behavior's stability over time;
 - 3. shall contain a beginning date (mm/dd/yy); and,
 - 4. shall contain a projected completion date (mm/dd/yy).
- h. The complete individual habilitation plan shall specify the following:
 - 1. assessments used;
 - 2. services needed;
 - 3. goals and objectives;
 - 4. methods to be used by those who implement the program;
 - 5. name of service provider agency;
 - 6. anticipated frequency and duration of the service; and
 - 7. individual beginning and target dates.
- i. The individual habilitation plan shall be completed and approved by the interdisciplinary team within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.
- j. The individual habilitation plan shall include any referrals necessary for services not provided directly by an AIS/MR provider.
- k. The individual habilitation plan shall specify the ways in which the client shall participate in community activities, organizations, and events.

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- a. The agency shall assure that the client has freedom of choice of Medicaid-certified AIS/MR/DD waiver providers identified as needed in the individual habilitation plan.
9. The agency shall be responsible for establishing and overseeing the human rights committee.
10. The agency shall be responsible for assuring that AIS/MR/DD providers selected by the client provide services in accordance with the individual habilitation plan through a formalized monitoring process.
11. The case-management monitoring shall include the following:
 - a. All services sites shall be visited at least once per month.
 - b. There shall be at least one client-case manager visit per month.
 - c. Documentation of findings.
 - d. Notification to the provider of findings, including all deficiencies.
 - e. Review and approval of corrective action by the provider deficiencies.
 - f. Notification to the agency responsible for the Medicaid-certification process of uncorrected deficiencies.
 - g. Removal of the client from situations which threaten the health, safety and welfare of the client at any time.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- c. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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2. RESIDENTIAL CARE PROVIDER QUALIFICATIONS

Providers may be certified as Medicaid Residential Care Providers by meeting the following standards for Group Home Residential Care Providers, family Home Residential Care Providers, or Staffed Residence Residential Care Providers:

GROUP HOME RESIDENTIAL CARE
PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

- A. The provider organization shall hold a current license as a Group Home as provided for in 902 KAR 20:078.
- B. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles of operation of the agency. Policies and procedures shall be reflective of these values.

- 1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
- 2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representatives, advocates, spouses, and friends, shall be involved or participate with the client in activities.

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3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representatives which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family and legal representative of unusual occurrences, such as a serious illness accident or death.
 - d. Visitation to all parts of the agency that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
5. The agency shall have and follow policies and procedures which address the client's integration into community environments.

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6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

C. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

D. Operations

1. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
2. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

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E. Records

1. The agency shall maintain a functional record keeping system to ensure that data is collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Physical examination
 - i. Required Cabinet for Health Services forms regarding services, payment, eligibility, etc.
 - j. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142

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- k. Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable.
 - l. Release for treatment.
 - m. Emergency telephone numbers.
 - n. Medical Assistance Card or copy.
 - o. History of allergies - with appropriate allergy alerts in instances of severe allergies.
 - p. Client medication records.
 - q. Financial records.
 - r. Photograph of the client.
 - 6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
 - 7. The agency shall have and follow policies and procedures which assure distribution of the plan of care developed by the agency to the chosen case management provider.
 - 8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- F. Training
- 1. The agency shall have and follow policies and procedures for the provision of **orientation** for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
 - 2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.

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3. The training shall be completed within three months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

G. Services

1. The residential-care staffed residence provider shall provide the following services: (in accordance with the IDT approved plan of care)
 - a. As necessary, participate in the IDT meetings.
 - b. Residential training designed to facilitate the acquisition of communication skills, sensorimotor, and self-help skills,
 - c. Assistance with daily living such as ambulation, dressing, grooming, feeding, toileting, bathing, meal planning/preparation, laundry, and home care and cleaning.
 - d. Assistance with basic health and health-related services through the continuous supervision of and monitoring of the resident to assure that the resident's health-care needs are being met, supervision of self-administered medication, storage and control of medications, and cooperation and coordination with the case management provider for obtaining health-care services as necessary, and obtaining of the services of a physician in case of accident or acute illness of the client.

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H. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate
 - g. any procedure which **denies requisite** sleep, shelter, bedding, food, drink, or use of bathroom facilities.
4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.

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- b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - c. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
- a. when all conditions of Section VIII Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed by the IDT responsible for the client's individual habilitation plan, and

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- c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
- d. when the staff person responsible for carrying out the plan has received specific training by the clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.

I. Incident and Abuse Reporting

- 1. It is required that provider staff report to the case management provider, the surveying agency, and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in other incidents considered important, **expecially** any property damage or personal injury to self or others; or related to abuse or suspected abuse, neglect and/or exploitation.
- 2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR **5:070**.
- 3. The agency shall submit the incident report to the case management provider, the surveying agency and DMS within five (5) working days of the incident.
- 4. The agency shall maintain copies of the incident reports.
- 5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

J. Client Intake and Admission to Services

- 1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.

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2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the ~~results of~~ preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

K. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's services needs.
3. Development of written specific goals for the client in the provider's services area.
4. Development of service and client behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,

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- d. contain a performance criterion and for each behavioral objective, measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
 - 5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
 - 6. Submission of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service;and
 - g. individual beginning and target dates.
 - 7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within 30 days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.
- L. Staff Notes
- 1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated with beginning and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:

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- a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- c. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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STAFFED RESIDENCE RESIDENTIAL CARE
PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A staff-residence provider is an organization providing residential care for clients who have been determined to be mentally retarded or developmentally disabled for the purpose of eligibility for AIS/MR/DD Waiver services under Title XIX of the Social Security Act. A staffed residence is to provide twenty-four (24) hour supervision, training, and assistance with daily living needs of clients in residences of no more than three (3) persons which are considered to be the homes of the clients.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

0. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

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1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family or legal representative of unusual occurrences, such as a serious illness accident or death.
 - d. Visitation to all parts of the agency and homes that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.

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- e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representative which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
- 5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
- 6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

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E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operations shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.

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6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:
 - a. Separate accounting is maintained for each individual or for his interest in a common trust or special account;
 - b. account balances and records of transactions are provided to the client or the client's fiscal representative as requested, but at least annually; and

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- c. the individual or the family, legal representative, advocate, or fiscal representative is counselled when large balances are accrued.

I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities of for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.

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3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition and developmental and behavioral status;
 - c. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the **United States**, including the right to file complaints, and the right to due process.
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities except as contraindicated by factors identified in the individual-habilitation plan;
 - e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - f. Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints while in the care of the provider;
 - g. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
 - h. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - i. Ensure clients the opportunity to communicate, associate and meet privately with the individuals of their choice, and to send and receive unopened mail while in the care of the provider;

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- j. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;
 - k. Ensure clients the opportunity to participate in social, religious, and community, group activities while in the care of the provider;
 - l. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider; and
 - m. Permit a husband and wife to share a room while in the care of the provider.
 - 4. Each client and his **family or** legal representative shall be informed of the rights of all clients in writing and in language the client understands.
- K. Records
- 1. The agency **shall** maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
 - 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
 - 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).

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4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and 'MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments (Residential Needs, Adaptive Skills, etc.) as appropriate to the service being provided.
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Physical examination
 - i. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - j. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142
 - k. Individualized Educational Plan (IEP) or Individualized Family Service plan (IFSP), if applicable
 - l. Release for treatment
 - m. Emergency telephone numbers
 - n. Medical Assistance Card or copy
 - o. History of allergies - with appropriate allergy alerts in instances of severe allergies
 - p. Client medication records
 - q. Financial records
 - r. Photograph of the client
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.

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7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- i. Personnel Qualification
 1. The agency shall have sufficient direct contact, supervisory, and support staff to deliver the agency's services.
 2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have *one* year of supervisory responsibility in an agency serving persons with MR/DD.
 3. Supervisory Staff
 - a. The agency shall employ supervisory staff who are QMRP's.
 - b. The supervisor shall be responsible for the following:
 1. the supervision of direct-contact staff.
 2. the direction of direct-contact staff in the evaluation and assessment process when performed in the staffed residence.

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3. the interpretation of the results of the evaluation/assessments when performed in the staff residence.
4. assistance with implementation of the residential-care needs identified in the individual habilitation plan and transition from the core residence.

M. Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three months of employment.
4. Continuing in-service training shall be provided on an annual basis and yearly training plans shall be submitted to the DMH/MRS.
5. The agency's training curricula shall ~~meet~~ the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

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N. Services

1. The residential-care staffed residence provider shall provide the following services: (in accordance with the individual habilitation plan)
 - a. As necessary, participate in the IDT meetings.
 - b. Residential training designed to facilitate the acquisition of communication skills, sensorimotor, and self-help skills,
 - c. Assistance with daily living such as ambulation, dressing, grooming, feeding, toileting, bathing, meal **planning/preparation**, laundry, and home care and cleaning.
 - d. Assistance with basic health and health-related services through the continuous supervision of an and monitoring of the resident to assure that the resident's health-care needs are being met, supervision of self-administered medication, storage and control of medications, and cooperation and coordination with the case management provider for obtaining health-care services as necessary, and obtaining of the services of a physician in case of accident or acute illness of the client.

O. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative, or advocate

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- g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
- 4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist is a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the procedures have been tried and failed. There also must be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.

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- e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than 3 times over a 6 month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
 - 5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
 - a. when all conditions of Section XV Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan, and
 - c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. when the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.
- P. Safety and Sanitation
- 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.

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2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters such as fire, severe weather and missing persons.
4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.
5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to individuals according to their disability, including visual signals with alarms where there are individuals who cannot hear.
6. The plan shall include that evacuation drills be conducted and documented at least quarterly and are scheduled at different times of the day to include times when clients are asleep.
7. Results of the drills shall be evaluated and the plan shall be changed to accommodate individuals who are unable to achieve the plan schedule.
8. All residential settings used for the provision of waiver services shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Two (2) fire extinguishers (one (1) of which is capable of extinguishing a grease fire) which is at or above the rating of the 1A10BC type placed in strategic locations.

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9. The residential setting shall have no more than three clients in residence at any given time.
10. The residential setting shall have a separate bed for each client which is equipped with substantial springs and a clean comfortable mattress (or water mattress with a functional heater), and clean bed linens.
11. The residential setting shall have separate sleeping rooms for persons of **the opposite** sex and for persons with an age variance of no more than five (5) years when the client is under age eighteen (18) or for persons placed in undue physical danger due to the relative size and strength of another client.
12. The agency shall have and follow policies and procedures for assuring that the nutritional needs of the client are met in accordance with the current recommended dietary allowance of Food and Nutrition Board of the National Research Council or as otherwise specified by a physician.
13. The agency shall have and follow policies and procedures for assuring accessibility of the residential settings to all clients.

Q. Incident and Abuse Reporting

1. It is required that provider staff report to case management provider, the surveying agency, and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect or exploitation.

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2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit the incident report to the case management provider, the surveying agency, and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

R. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. Medication which shall accompany a client to a day program or program site other than his ALU or home should be carried in a proper container labeled with medication and dosage.
3. When medication is discontinued, the date and name of attending physician should be written on the medication administration form and that section lined through.
4. The agency shall have written policies and procedures for proper disposal of medications.
5. All medications shall be kept, in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

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S. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide **for** the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments, and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

T. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the client's selection of a provider.
2. Conducting and documenting accurate assessments to determine the client's service needs.
3. Development of written specific goals for the client in the provider's service area.
4. Development of service and client behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:

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- a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. contain a performance criterion and for each behavior a. objective a measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy)
5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings, as appropriate and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission to the case-management provider of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

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U. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the plan of care, signed and dated with beginning and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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FAMILY HOME RESIDENTIAL CARE PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A family home provider is an organization providing residential care for persons who are determined to be mentally retarded or developmentally disabled for the purpose of eligibility for AIS/MR/DD Waiver services under Title XIX of the Social Security Act. Family Home Residential Care is to provide twenty-four (24) hour supervision, training, and assistance which is shared by the client and the organization's direct-contact care giver.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.

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4. The governing body shall be responsible for appointment of the agency's executive director.
5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with developmental disabilities.

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3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.

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4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family *or* legal representative of unusual occurrences, such as a serious illness accident or death.
 - d. Visitation to all parts of the agency and homes that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representative which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives, and clients *which takes* into consideration cultural, educational, language, and socio-economic characteristics of the family being served.

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5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

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F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.

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6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:
 - a. Separate accounting is maintained for each individual or for his interest in a common trust or special account:

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- b. account balances and records of transactions are provided to the client or the client's fiscal representative as requested, but at least annually; and
- c. the individual or the family, legal representative, advocate, or fiscal representative are counselled when large balances are accrued.

I. Personnel

- 1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
- 2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
- 3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
- 4. Each job description is reviewed at least annually and revised as needed.
- 5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

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J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.
3. The provider shall ensure the rights of all clients.
Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition and developmental and behavioral status;
 - c. Allow the encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right file complaints, and the right to due process.
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities except as contraindicated by factors identified in the individual habilitation plan;
 - e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - f. Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints while in the care of the provider;

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- g. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
 - h. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - i. Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, and to send and receive unopened mail while in the care of the provider;
 - j. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;
 - k. Ensure clients the opportunity to participate in social, religious, and community, group activities while in the care of the provider;
 - l. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider; and
 - m. Permit a husband and wife to share a room while in the care of the provider.
4. Each client and his family or legal representative shall be informed of the rights of all clients in writing and in language the client understands.

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K. Client Records

1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments (Residential Needs, Adaptive Skills, etc.) as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Physical examination

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- i. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - j. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142.
 - k. Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable.
 - l. Release for treatment.
 - m. Emergency telephone numbers.
 - n. Medical Assistance Card or copy.
 - o. History of allergies - with appropriate allergy alerts in instances of severe allergies.
 - p. Client medication records.
 - q. Financial records.
 - r. Photograph of the client.
- 6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
 - 7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
 - 8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- L. Personnel Qualifications
- 1. The agency shall employ sufficient supervisory and support staff to deliver the agency's services.

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2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.
3. Supervisory Staff
 - a. The agency shall employ the following supervisory staff who are be QMRPs:
 - b. The supervisor shall be responsible for the following:
 1. recruitment and response to inquiries by prospective family home staff.
 2. supervision of family home staff.
 3. assistance with implementation of residential-care needs in the family home identified in core-residence stay.
 4. The direction of direct-contact family home staff in the evaluation and assessment process, when performed in the home.
 5. the interpretation of the results of the evaluations/assessments, when performed in the home.
4. The agency shall employ or procure through contract the services of sufficient direct contact staff to deliver the agency's services.

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5. Direct-Contact Staff

- a. Direct-contact family-home staff shall meet the requirement of and be approved in accordance with the procedures for the "Selection of Family Homes and Placement," Section XIII of these certification requirements.
- b. Direct-contact staff shall use and establish the family home as his legal and primary residence, i.e., living with the client.
- c. Direct-contact family-home staff shall be at least twenty-one (21) years of age.

M. Selection of Family Home and Placement.

1. The functions of recruitment and response to inquiries by prospective family homes shall be performed by QMRP's. In no case shall an application be given without a personal interview.
2. The agency shall be responsible for approving the home as acceptable for AIS/MR/DD clients based upon a study made of the home. The study shall be conducted in a series of two or more planned interviews and home visits by the QMRP. Each home shall obtain a minimum of three (3) written references showing approval of the home as acceptable for clients (references may not be a relative of the family seeking approval).
3. Each home shall be visited by the program director prior to any placement in that home.

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4. The agency shall keep a written record of the findings of this study and the evidence which these findings are based.
5. The home study shall record personal interviews both joint and separate with all members of the household. All children in the family who have reached the age of five shall be included in the interview.
6. To be approved, the home study shall determine that:
 - a. All members of the household welcome and AIS/MR/DD client into the home.
 - b. The family-home staff are emotionally stable and mature people showing good potentialities for caregivers.
 - c. The home staff have the ability to accept the client's existing relationship with family, friends, and significant others.
 - d. Family members in the home have established constructive relationships outside the family.
 - e. All members of the household are certified in writing by a licensed physician that they have no physical or mental health problems which would affect their **ability to** be able to provide necessary care for the client.
 - f. Standards of 'housekeeping **and cleanliness** are acceptable.
 - g.** Physical standards of the home are those generally accepted as necessary for health and safety.
 - h. The water supply and sanitation of the home shall comply with all requirements of local health authorities.
 - i. Recreation space is provided, both in and out of doors, suited to the age and needs of the client.
 - j.** The home is accessible to the community resources that the client requires, such as schools, churches, and habilitation providers.

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7. A suitable home, where continuity of relationship can be maintained for the anticipated duration of placement shall be selected for the client. A home shall be selected for a particular client on the basis of suitability of the home or family, and client for each other, taking into consideration the extent to which interests, strengths, abilities and needs of the care person or family members enable them to understand, accept, and provide for individual needs of a specific client.
8. The supervisor shall explain all terms of placement and the family home's staff shall be receptive of supervision from the agency. This shall be documented in the case record.
9. All homes in use shall be evaluated on a yearly basis. All homes not in use shall be re-evaluated prior to use. A current re-evaluation shall be completed on any approved home not in use prior to making a placement (no more than one (1) month **prior to** placement). The results of all evaluations shall be recorded in the case record.
10. Each agency shall have a written agreement which shall state the responsibilities of agency and the home staff.
11. The client shall participate in the process and in the decision that placement is appropriate to the extent that his age, maturity and adjustment, the nature of family relationships, and circumstances necessitating placement justify such participation.

N. Training

1. The agency shall **have and** follow policies and procedures for the provision of-orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

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2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three months of employment.
4. Continuing in-service training shall be provided on an annual basis and yearly training plans shall be submitted to the DMH/MRS.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

0. Services

1. The residential-care family home provider shall provide the following services: (in accordance with the individual habilitation plan)
 - a. As necessary, participate in the IDT meetings.
 - b. Residential training designed to facilitate the acquisition of communication skills, sensorimotor, and self-help skills,
 - c. Assistance with daily living such as ambulation, dressing, grooming, **feeding, toileting**, bathing, meal planning/preparation, laundry, and home care and cleaning.
 - d. Assistance with basic health and health-related services through the continuous supervision of an monitoring of the resident to assure that the resident's health care needs are being met, supervision of self-administration of medication, storage and control of medications, and cooperation with and coordination with the case management provider for obtaining health care services as necessary, and obtaining of the services of a physician in case of accident or acute illness of the client.

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P. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.

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- b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
- a. when all conditions of Section XVI Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete plan of care which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan, and

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- c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
- d. when the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.

Q. Safety and Sanitation

1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters such as fire, severe weather and missing persons.
4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.
5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to individuals according to their disability, including visual signals with alarms where there are individuals who cannot hear.
6. The plan shall include that evacuation drills be conducted and documented at least quarterly and are scheduled at different times of the day to include times when clients are asleep.

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7. Results of the drills shall be evaluated and the plan shall be changed to accommodate individuals who are unable to achieve the plan schedule.
8. All residential settings used for the provision of waiver services shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Two (2) fire extinguishers (one (1) of which is capable of extinguishing a grease fire) which is at or above the rating of the 1A10BC type placed in strategic locations.
9. The residential setting shall have no more than three (3) clients at any given time.
10. The residential setting shall have a separate bed for each client which is equipped with substantial springs and a clean comfortable mattress (or water mattress with a functional heater), and clean bed linens.
11. The residential setting shall have separate sleeping rooms for persons of the opposite sex and for persons with an age variance of no more than 5 years when the client is under age eighteen or for persons placed in undue physical danger due to the relative size and strength of another client.
12. The agency shall have and follow policies and procedures for assuring that the nutritional needs of the client are met in accordance with the current recommended dietary allowance of Food and Nutrition Board of the National Research Council or as otherwise specified by a physician.

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13. The agency shall have and follow policies and procedures for assuring accessibility of the residential setting to all clients.

R. Incident and Abuse Reporting

- a. It is required that provider staff report to the case management provider, surveying agency and DMS all major incidents on a report form approved by the DMS. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect or exploitation.
- b. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
- c. The agency shall submit incident reports to the case management provider, the surveying agency and the DMS within five (5) working days of the incident.
- d. The agency shall maintain copies of all incident reports.
- e. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

S. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. Medication which shall accompany a client to a day program or program site other than his/her ALU or home should be carried in a proper container labeled with medication and dosage.

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3. When medication is discontinued, the date and name of attending physician should be written on the medication administration form and that section lined through.
4. The agency shall have written **policies** and procedures for proper disposal of medications.
5. All medications shall be kept in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

T. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

U. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

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1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's services needs.
3. Development of written specific goals for the client in the provider's services area.
4. Development of service and client behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion and for each behavioral objective, measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;

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- e. name of the service provider agency;
 - f. anticipated frequency and duration of the service;
and
 - g. individual beginning and target dates.
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

V. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated with beginning and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- c. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- c. Submit copies of staff notes to the case management provider for clients in common.

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- 0. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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3. DAY HABILITATION PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A day habilitation provider is an organization which serves persons with mental retardation/developmental disabilities in non-residential and non-inpatient settings through developmental skills training programs for adults or children, prevocational services, or supported employment.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible of appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing' discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the new organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouse, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.

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- b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family and legal representative concerning the client's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family and legal representative of unusual occurrences, such as a serious illness, accident or death.
 - d. Visitation to all parts of the agency that provides services to the individual and at reasonable times without prior notice with due regard for the client's family right to privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
- 5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
 - 6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.

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- b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
- c. Patterns of daily living and activities i.e., such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
- d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
- e. Observance of special days and personal events is done on an individual basis and in an age-appropriate manner.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

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G. Operations

1. The agency shall conduct review of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD service providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

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H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:

I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures..
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description shall be provided to each staff person which describes the person's duties and responsibilities.
4. Each job description shall be reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

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J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include a grievance and appeals process.
3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition, and developmental and behavioral status as identified by the provider;
 - c. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process;
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities while in the care of the provider except as contraindicated by factors identified in the individual habilitation plan;
 - e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment by the provider employees;

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- f. Ensure that clients are free from unnecessary drugs and physical restraints while in the care of the provider;
- g. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
- h. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;

K. Records

- 1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
- 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
- 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
- 4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.

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5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Psychological Evaluation
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. REquired Cabinet for Human Resources forms regarding servcies, payment, eligibility, etc.
 - i. Documentation of any servcies available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142
 - j. Individualized Educational Plan (IEP) or Individualize Family Services Plan (IFSP), if applicable
 - k. Release for treatment.
 - l. Emergency telephone numbers.
 - m. Medical Assistance Card or copy.
 - n. History of allergies - with appropriate allergy alerts in instances of severe allergies.
 - o. Client medication records.
 - p. Financial records
 - q. Photograph of the client.
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.

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7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the IDT to all chosen providers of services required by that plan of care.
8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.

L. Personnel Qualification

1. The agency shall have sufficient direct-contact, supervisory, and support staff to deliver the agency's services.
2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one (1) year of supervisory responsibility in an agency serving persons with MR/DD.
3. Supervisory Staff
 - a. Supervisory staff shall have a high school diploma or GED and one (1) year of experience in providing services to persons with mental retardation or developmental disabilities.
4. Direct-Contact Staff
 - a. Day Habilitation direct-contact staff shall have a high school diploma or a G.E.D. and be eighteen (18) years old or older.

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- b. Day Habilitation direct-contact staff-client ratio shall not exceed 1:5.

M. Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three (3) months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N. Services

The agency shall be necessary participate in the IDT meetings.

The agency shall provide at least one (1) of the following services: (in accordance with the IDT approved individual habilitation plan)

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1. Adult Day Habilitation service which includes at least the following:
 - a. Training in self-help skills,
 - b. Training in communication skills, and
 - c. Training in interpersonal and social skills.
2. Children's Day Habilitation service which:
 - a. Is a goal-oriented program of developmental services for children under the age of twenty-two (22) who are enrolled in a regular school program.
 - b. Is provided only during those summer months when school is not in session.
 - c. Follows the plans and goals identified in the Individual Education Plan (IEP) of each child. Summer recreational activities may be utilized in working toward these goals.
3. Prevocational Services which meet the following:
 - a. Prevocational services shall be designed to assist the client in adjustment to a work environment through the following:
 1. Assisting the client toward his optimal vocational development;
 2. Assisting the client to understand the meaning, value and demands of work;
 3. Assisting the client to learn or reestablish skills, attitudes, personal characteristics, and work behaviors;
 4. Assisting the client to develop functional capacities.

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- b. The agency shall not include as prevocational services training or preparation for a specific job or job title.
- c. Prevocational services may include but are not limited to the following:
 - 1. Development of physical capacities; such as sitting, standing and general work stamina;
 - 2. Development of psychomotor skills; e.g., eye-hand coordination, finger dexterity, and tool usage;
 - 3. Interpersonal and communicative skills; e.g., relations with supervisor, co-workers;
 - 4. Development of appropriate work behavior and characteristics; e.g., adaptation to routine, punctuality, dress;
 - 5. Development of work performance skills; e.g., job production and performance, work pacing;
 - 6. Development of work-related functional living skills; e.g., mobility which includes the use of public and paratransit systems time and money management;
 - 7. Training in the use of assistive devices and aids;
 - 8. Training in the use of job-related facilities; e.g., break areas, lunch rooms, cafeterias and toilets;
 - 9. Job seeking and keeping skills; e.g., interviewing, completion of application forms and understanding job evaluation practices.

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- d. The agency shall limit the time that a person remains in a prevocational program to that which is necessary to accomplish the client's goals which are relevant and age-appropriate as identified in this written individual habilitation plan.
- 4. Supported Employment Services
 - a. Supported employment shall be paid work in a variety of settings which are especially designed for persons:
 - 1. With mental retardation/developmental disabilities whose disability is of such nature and complexity that it severely impedes employment,
 - 2. For whom competitive employment at or above the minimum wage is unlikely, and
 - 3. Who because of their disability need intensive ongoing support to perform in a work setting.
 - b. Supported employment shall encompass the following types of activities which are designed to assist clients to access and maintain employment:
 - 1. Individualized assessment,
 - 2. Individualized job development and placement services that produce an appropriate job match for the client and the employer,
 - 3. On-the-job training in work and work-related skills required to perform the job,

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4. Ongoing supervision and monitoring of the client's performance of the job,
5. Ongoing support services necessary for performance in a work setting,
6. Training in related skills essential to obtaining and retraining employment, such as mobility and the effective use of community resources, break/lunch areas-, transportation systems.

0. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.

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4. Highly restrictive procedures (i.e. time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used *only* when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.),
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.

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5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
 - a. when a.11 conditions of Section XV Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete plan of care which has been developed in accordance with Medicaid certification requirements for an under the direction of the case management provider and which has been developed by the IDT responsible for the client's individual habilitation plan, and
 - c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. when the staff person responsible for carrying out the plan has received specific training by the clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.

P. Safety and Sanitation

1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.

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3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters such as fire, severe weather and missing persons.
4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.
5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to individuals according to their disability, including visual signals with alarms where there are individuals who cannot hear.
6. The plan shall include that evacuation drills be conducted and documented at least quarterly.
7. Results of the drills shall be evaluated and the plan shall be changed to accommodate individuals who are unable to achieve the plan schedule.
8. All facilities used for the provision of day habilitation services shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Fire extinguishers one of which incapable of extinguishing a grease fire which is at or above the rating of the 1A10BC type placed in strategic locations.

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9. The agency shall have and follow policies and procedures regarding the safe use and operation of equipment used in training clients which includes maintenance checks at least quarterly.
 10. The agency shall maintain ventilation in balance to provide adequate air movement in the areas in which clients and staff receive and provide services.
 11. The agency shall have and follow policies and procedures which are directed to avoiding hazards to the clients.
- A. Incident and Abuse Reporting
1. It is required that provider staff report to the case management provider, surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
 2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and '905 KAR 5:070.
 3. The agency shall submit incident reports to the case management provider, the surveying agency and the DMS within five (5) working days of the incident.
 4. The agency shall maintain copies of all incident reports.
 5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

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R. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. Medication which shall accompany a client to a day program or program site other than his ALU or home should be carried in a proper container labeled with medication and dosage.
3. The agency shall have written policies and procedures for proper disposal of medications.
4. All medications shall be kept in a locked container. (This includes over-the counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

S. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.

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4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

T. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's service needs.
3. Development of written specific goals for the client in the provider's service area.
4. Development of behavioral objectives to reach the identified goals which shall be stated in the complete plan of care. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion and a measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).

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5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission to the case-management provider of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and finding;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

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U. Staff notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated with **beginning** and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not **be** limited to the following:
 - a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of the caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of this individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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2. The agency shall conduct an evaluation to **determine** if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the **results of** preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

K. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's services needs.
3. Development of written specific goals for the client in the provider's services area.
4. Development of service and client behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,

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- d. contain a performance criterion and for each behavioral objective, measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
- 5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
- 6. Submission of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service;and
 - g. individual beginning and target dates.
- 7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at EDT meetings within 30 days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

L. Staff Notes

- 1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated with beginning and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:

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- a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
 3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- c. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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STAFFED RESIDENCE RESIDENTIAL CARE
PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A staff-residence provider is an organization providing residential care for clients who have been determined to be mentally retarded or developmentally disabled for the purpose of eligibility for AIS/MR/DD Waiver services under Title XIX of the Social Security Act. A staffed residence is to provide twenty-four (24) hour supervision, training, and assistance with daily living needs of clients in residences of no more than three (3) persons which are considered to be the homes of the clients.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing, discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

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1. The agency shall **have and** follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family or legal representative of unusual occurrences, such as a serious illness accident or death.
 - d. Visitation to all parts of the agency and homes that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.

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- e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representative which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
- a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

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E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operations shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.

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6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:
 - a. Separate accounting is maintained for each individual or for his interest in a common trust or special account;
 - b. account balances and records of transactions are provided to the client or the client's fiscal representative as requested, but at least annually; and

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- c. the individual or the family, legal representative, advocate, or fiscal representative is counselled when large balances are accrued.

I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities of for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.

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3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition and developmental and behavioral status;
 - c. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the **United States**, including the right to file complaints, and the right to due process.
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities except as contraindicated by factors identified in the **individual habilitation** plan;
 - e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - f. Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints while in the care of the provider;
 - g. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
 - h. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - i. Ensure clients the opportunity to communicate, associate and meet privately with the individuals of their choice, and to send and receive unopened mail while in the care of the provider;

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- j. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;
 - k. Ensure clients the opportunity to participate in social, religious, and community, group activities while in the care of the provider;
 - l. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider; and
 - m. Permit a husband and wife to share a room while in the care of the provider.
4. Each client and his **family or** legal representative shall be informed of the rights of all clients in writing and in language the client understands.

K. Records

- 1. The agency **shall** maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
- 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
- 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).

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4. Symbols and- abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and 'MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments (Residential Needs, Adaptive Skills, etc.) as appropriate to the service being provided.
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Physical examination
 - i. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - j. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142
 - k. Individualized Educational Plan (IEP) or Individualized Family Service plan (IFSP), if applicable
 - l. Release for treatment
 - m. Emergency telephone numbers
 - n. Medical Assistance Card or copy
 - o. History of allergies - with appropriate allergy alerts in instances of severe allergies
 - p. Client medication records
 - q. Financial records
 - r. Photograph of the client
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.

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7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.

L. Personnel Qualification

1. The agency shall have sufficient direct contact, supervisory, and support staff to deliver the agency's services.
2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.
3. Supervisory Staff
 - a. The agency shall employ supervisory staff who are QMRP's.
 - b. The supervisor shall be responsible for the following:
 1. the supervision of direct-contact staff.
 2. the direction of direct-contact staff in the evaluation and assessment process when performed in the staffed residence.

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3. the interpretation of the results of the evaluation/assessments when performed in the staff residence.
4. assistance with implementation of the residential-care needs identified in the individual habilitation plan and transition from the core residence.

M. Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three months of employment.
4. Continuing in-service training shall be provided on an annual basis and yearly training plans shall be submitted to the DMH/MRS.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

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N. Services

1. The residential-care staffed residence provider shall provide the following services: (in accordance with the individual habilitation plan)
 - a. As necessary, participate in the IDT meetings.
 - b. Residential training designed to facilitate the acquisition of communication skills, sensorimotor, and self-help skills,
 - c. Assistance with daily living such as ambulation, dressing, grooming, feeding, toileting, bathing, meal planning/preparation, laundry, and home care and cleaning.
 - d. Assistance with basic health and health-related services through the continuous supervision of and monitoring of the resident to assure that the resident's health-care needs are being met, supervision of self-administered medication, storage and control of medications, and cooperation and coordination with the case management provider for obtaining health-care services as necessary, and obtaining of the services of a physician in case of accident or acute illness of the client.

O. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative, or advocate

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- e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than 3 times over a 6 month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
- 5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
 - a. when all conditions of Section XV Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan, and
 - c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. when the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.
- P. Safety and Sanitation
 - 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.

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2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters such as fire, severe weather and missing persons.
4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.
5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to individuals according to their disability, including visual signals with alarms where there are individuals who cannot hear.
6. The plan shall include that evacuation drills be conducted and documented at least quarterly and are scheduled at different times of the day to include times when clients are asleep.
7. Results of the drills shall be evaluated and the plan shall be changed to accommodate individuals who are unable to achieve the plan schedule.
8. All residential settings used for the provision of waiver services shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Two (2) fire extinguishers (one (1) of which is capable of extinguishing a grease fire) which is at or above the rating of the 1A10BC type placed in strategic locations.

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9. The residential setting shall have no more than three clients in residence at any given time.
10. The residential setting shall have a separate bed for each client which is equipped with substantial springs and a clean comfortable mattress (or water mattress with a functional heater), and clean bed linens.
11. The residential setting shall have separate sleeping rooms for persons of ~~the opposite~~ sex and for persons with an age variance of no more than five (5) years when the client is under age eighteen (18) or for persons placed in undue ~~physical~~ danger due to the relative size and strength of another client.
12. The agency shall have and follow policies and procedures for assuring that the nutritional needs of the client are met in accordance with the current recommended dietary allowance of Food and Nutrition Board of the National Research Council or as otherwise specified by a physician.
13. The agency shall have and follow policies and procedures for assuring accessibility of the residential settings to all clients.

Q. Incident and Abuse Reporting

1. It is required that provider staff report to case management provider, the surveying agency, and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect or exploitation.

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2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit the incident report to the case management provider, the surveying agency, and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

R. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. Medication which shall accompany a client to a day program or program site other than his ALU or home should be carried in a proper container labeled with medication and dosage.
3. When medication is discontinued, the date and name of attending physician should be written on the medication administration form and that section lined through.
4. The agency shall have written policies and procedures for proper disposal of medications.
5. All medications shall be kept, in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

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S. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments, and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

T. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the client's selection of a provider.
2. Conducting and documenting accurate assessments to determine the client's service needs.
3. Development of written specific goals for the client in the provider's service area.
4. Development of service and client behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:

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- a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. contain a performance criterion and for each **behavioral** objective a measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy)
5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings, as appropriate and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission to the case-management provider of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

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U. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the plan of care, signed and dated with beginning and ending times by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below shall be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend I'DT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- c. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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FAMILY HOME RESIDENTIAL CARE PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

A family home provider is an organization providing residential care for persons who are determined to be mentally retarded or developmentally disabled for the purpose of eligibility for AIS/MR/DD Waiver services under Title XIX of the Social Security Act. Family Home Residential Care is to provide twenty-four (24) hour supervision, training, and assistance which is shared by the client and the organization's direct-contact care giver.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.

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4. The governing body shall be responsible for appointment of the agency's executive director.
5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with developmental disabilities.

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3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.

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4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family or legal representative of unusual occurrences, such as a serious illness accident or death.
 - d. Visitation to all parts of the agency and homes that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representative which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.

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5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

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F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.

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6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges available to any person upon request.
3. If the agency has responsibility for the management of the client's funds the following requirements shall be met:
 - a. Separate accounting is maintained for each individual or for his interest in a common trust or special account:

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- b. account balances and records of transactions are provided to the client or the client's fiscal representative as requested, but at least annually; and
- c. the individual or the family, legal representative, advocate, or fiscal representative are counselled when large balances are accrued.

I. Personnel

- 1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
- 2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
- 3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
- 4. Each job description is reviewed at least annually and revised as needed.
- 5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

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J. Client Rights

1. The agency shall have and follow written policies and **procedures** that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.
3. The provider shall ensure the rights of all clients.
Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition and developmental and behavioral status;
 - c. Allow the encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right file complaints, and the right to due process.
 - d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities except as contraindicated by factors identified in the individual habilitation plan;
 - e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - f. Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints while in the care of the provider;

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- g. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
 - h. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - i. Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, and to send and receive unopened mail while in the care of the provider;
 - j. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;
 - k. Ensure clients the opportunity to participate in social, religious, and community, group activities while in the care of the provider;
 - l. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider; and
 - m. Permit a husband and wife to share a room while in the care of the provider.
4. Each client and his family or legal representative shall be informed of the rights of all clients in writing and in language the client understands.

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K. Client Records

1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number'
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments (Residential Needs, Adaptive Skills, etc.) as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Physical examination

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- i. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - j. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142.
 - k. Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable.
 - l. Release for treatment.
 - m. Emergency telephone numbers.
 - n. Medical Assistance Care or copy.
 - o. History of allergies - with appropriate allergy alerts in instances of severe allergies.
 - p. Client medication records.
 - q. Financial records.
 - r. Photograph of the client.
- 6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
 - 7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan **developed** by the agency to the chosen case management provider.
 - 8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- L. Personnel Qualifications
 - 1. The agency shall employ sufficient supervisory and support staff to deliver the agency's services.

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2. Program Director

- a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
- b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.

3. Supervisory Staff

- a. The agency shall employ the following supervisory staff who are be QMRPs:
 - b. The supervisor shall be responsible for the following:
 1. recruitment and response to inquiries by prospective family home staff.
 2. supervision of family home staff.
 3. assistance with implementation of residential-care needs in the family home identified in core-residence stay.
 4. The direction of direct-contact family home staff in the evaluation and assessment process, when performed in the home.
 5. the interpretation of the results of the evaluations/assessments, when performed in the home.
4. The agency shall employ or procure through contract the services of sufficient direct contact staff to deliver the agency's services.

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5. Direct-Contact Staff

- a. Direct-contact family-home staff shall meet the requirement of and be approved in accordance with the procedures for the "Selection of Family Homes and **Placement**," Section XIII of these certification requirements.
- b. Direct-contact staff shall use and establish the family home as his legal and primary residence, *i.e.*, living with the client.
- c. Direct-contact family-home staff shall be at least twenty-one (21) years of age.

M. Selection of Family Home and Placement.

1. The functions of recruitment and response to inquiries by prospective family homes shall be performed by QMRP's. In no case shall an application be given without a personal interview.
2. The agency shall be responsible for approving the home as acceptable for **AIS/MR/DD** clients based upon a study made of the home. The study shall be conducted in a series of two or more planned interviews and home visits by the QMRP. Each home shall obtain a minimum of three (3) written references showing approval of the home as acceptable for clients (references may not be a relative of the family seeking approval).
3. Each home shall be visited by the program director prior to any placement in that home.

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4. The agency shall keep a written record of the findings of this study and the evidence which these findings are based.
5. The home study shall record personal interviews both joint and separate with all members of the household. All children in the family who have reached the age of five shall be included in the interview.
6. To be approved, the home study shall determine that:
 - a. All members of the household welcome and AIS/MR/DD client into the home.
 - b. The family-home staff are emotionally stable and mature people showing good potentialities for-caregivers.
 - c. The home staff have the ability to accept the client's existing relationship with family, friends, and significant others.
 - d. Family members in the home have established constructive relationships outside the family.
 - e. All members of the household are certified in writing by a licensed physician that they have no physical or mental health problems which would affect their **ability to** be able to provide necessary care for the client.
 - f. Standards of 'housekeeping and' cleanliness are acceptable.
 - g.** Physical standards of the home are those generally accepted as necessary for health and safety.
 - h. The water supply and sanitation of the home shall comply with all requirements of local health authorities.
 - i. Recreation space is provided, both in and out of doors, suited to the age and needs of the client.
 - j.** The home is accessible to the community resources that the client requires, such as schools, churches, and habilitation providers.

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7. A suitable home, where continuity of relationship can be maintained for the anticipated duration of placement shall be selected for the client. A home shall be selected for a particular client on the basis of suitability of the home or family, and client for each other, taking into consideration the extent to which interests, **strengths**, abilities and needs of the care person or family members enable them to understand, accept, and provide for individual needs of a specific client.
8. The supervisor shall explain all terms of placement and the family home's staff shall be receptive of supervision from the agency. This shall be documented in the case record.
9. All homes in use shall be evaluated on a yearly basis. All homes not in use shall be re-evaluated prior to use. A current re-evaluation shall be completed on any approved home not in use prior to making a placement (no more than one (1) month prior to placement). The results of all evaluations shall be recorded in the case record.
10. Each agency shall have a written agreement which shall state the responsibilities of agency and the home staff.
11. The client shall participate in the process and in the decision that placement is appropriate to the extent that his age, maturity and adjustment, the nature of family relationships, and circumstances necessitating placement justify such participation.

N. Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

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2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three months of employment.
4. Continuing in-service training shall be provided on an annual basis and yearly training plans shall be submitted to the DMH/MRS.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

0. Services

1. The residential-care family home provider shall provide the following services: (in accordance with the individual habilitation plan)
 - a. As necessary, participate in the IDT meetings.
 - b. Residential training designed to facilitate the acquisition of communication skills, sensorimotor, and self-help skills,
 - c. Assistance with daily living such as ambulation, dressing, grooming, **feeding, toileting**, bathing, meal planning/preparation, laundry, and home care and cleaning.
 - d. Assistance with basic health and health-related services through the continuous supervision of an monitoring of the resident to assure that the resident's health care needs are being met, supervision of self-administration of medication, storage and control of medications, and cooperation with and coordination with the case management provider for obtaining health care services as necessary, and obtaining of the services of a physician in case of accident or acute illness of the client.

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P. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

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4. IN HOME TRAINING PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

The in-home training agency provides training to persons with mental retardation and developmental disabilities in developmental and functional skill areas which shall assist him to remain in his home. In-home training is provided in the home of the client or in a setting which is commonly used as an extension of routine, home life; i.e. the grocery, the laundromat, pharmacy, or clothing store.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
 6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
 7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.
- c. Executive Director
1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one (1) year of previous administrative responsibility in an organization which served persons with developmental disabilities.
 2. The Executive Director shall have a police record check.
 3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representatives, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families or legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.

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- c. Prompt and compassionate notification to the client's family or legal representative of usual occurrences, such as a serious illness, accident or death.
 - d. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - e. Provision of information to families and legal representatives which allows for informed decisions about services provision.
 - f. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
- 5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
- 6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days in personal events is done on an individual basis and in an age-appropriate manner.

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E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.

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5. The agency has a description of services offered that are available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.
3. If the agency has responsibility for the management of the client's funds, a separate account is maintained for each individual.

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I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.
3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;

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- b. Inform each client, parent (if the client is a minor), *or* legal representative, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;
- c. Allow and encourage individual clients to exercise their rights as clients of the provider, and 'as citizens of the United States, including the right to file complaints, and the right to due process.
- d. Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities;
- e. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
- f. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs in conjunction with providing the service;
- g. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities.

J. Records

- 1. The agency shall maintain a functional recordkeeping system to ensure that data are collected for planning and evaluation.
- 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
- 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).

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4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments as appropriate to the service being provided
 - f. Individual Habilitation Plans - Initial and Ongoing
 - g. Staff notes
 - h. Required Cabinet for Human Resources forms regarding services, payment, eligibility, etc.
 - i. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142
 - j. Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP), if applicable
 - k. Emergency telephone numbers
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
 - a. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.

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L. Personnel Qualification

1. The agency shall have sufficient direct-contact, supervisory, and support staff to deliver the agency's services.
2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one (1) year of supervisory responsibility in an agency serving persons with MR/DD.
3. Supervisory Staff
 - a. The agency shall employ a direct-contact staff supervisor who is a QMRP.
 - b. The supervisor may serve as program director if qualified and if in-home training is the only program over which he serves as director.
4. Direct-Contact Staff

In-home training staff shall have a high school diploma or a G. E. D. and have attained their eighteenth (18th) birthday.

M. Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct contact staff to teach and enhance skills related to the performance of their duties,
3. The training shall be completed within three (3) months of employment.

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4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N. Services

1. The In-home Training provider shall provide the following services: (in accordance with the IDT approved individual habilitation plan)
 - a. As necessary, participate in the IDT meetings.
 - b. In-home training designed to facilitate the acquisition of skills needed to assist the client to remain in his home, such as communication skills, sensorimotor, and self-help skills.

O. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following is prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative, or advocate
 - h. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.

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4. Highly restrictive procedures (i.e. time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist and a psychologist, unless the behavior specialist is a **psychologist**, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has **been developed** by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.

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5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
 - a. when all conditions of Section XV Behavior Management, letter D, have been met, and
 - b. When authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan,
 - c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. when the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.

P. Safety and Sanitation

1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters.

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Q. Incident and Abuse Reporting

1. It is required that provider staff report to the case management provider, the surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit the incident report to the case management provider, the surveying agency and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

R. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. The agency shall have written policies and procedures for proper disposal of medications.
3. All medications shall be kept in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

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S. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

T. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the client's selection of a provider.
2. Conducting and documenting accurate assessments to determine the client's service needs.
3. Development of written specific goals for the client in the provider's service area.

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4. Development of behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion and a measurement of the behavior's stability over time,
 - e. contain a beginning date (MM/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
5. Designation of an employee who shall be the coordinator with IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission to the case-management provider of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.

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7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

U. Staff notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. Identification of the specific AIS/MR service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

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5. HOMEMAKER PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

The homemaker/home health aide provider is an agency which provides to persons with mental retardation and developmental disabilities in their homes services which include laundry, meal planning, meal preparation, grocery shopping, and housecleaning which are directly related to the client's needs.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish **policies concerning** the operation of the agency and the welfare of the individuals **served** by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.

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5. The governing body shall be responsible for delegation to that person the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one (1) year of previous administrative responsibility in an organization which served persons with developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the executive director shall be **responsible** to the **governing body** for the overall operation of the **organization**, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client decision making.
2. The agency shall have and follow policies and procedures provide for communication and interaction of agency staff with the client and the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Prompt and compassionate notification to the client's family when such notification is appropriate.
 - c. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - d. Provision of information to families and legal representatives which allows for informed decisions about service provision:
 - e. Interaction of staff with families, legal representatives, and clients takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
3. The agency shall have and follow policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:

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- a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
- b. Patterns of daily living and activities of the client shall be considered when scheduling and providing services.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

1. The agency shall conduct review of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.

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3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that is available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
 - a. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.

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I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state *or* federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include a grievance and appeals process.
3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;

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- b. Allow individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process.
- c. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
- d. Provide each client with the opportunity for personal privacy and ensure privacy during the provision of service;
- e. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;

K. Records

- 1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
- 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
- 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
- 4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.

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5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Required Cabinet for Health Services forms regarding services, payment, eligibility, etc.
 6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe **from loss**, destruction, and use by unauthorized persons.
 7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
 8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- L. Personnel Qualifications
1. The agency shall have sufficient direct contact, supervisory, and support staff to deliver the agency's services.
 2. Program Director
 - a. The agency shall have a program director who may also *serve as* executive director if the qualifications for both positions are met.

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- b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.
- c. The program director is responsible for the supervision of the direct-contact staff.

3. Direct-Contact Staff

Direct contact staff shall be at least eighteen (18) years of age or older.

M. Training

- 1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
- 2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct-contact staff to teach and enhance skills related to the performance of their duties.
- 3. The training shall be completed within three (3) months of employment.
- 4. Continuing in-service training shall be provided on an annual basis and yearly training plans shall be submitted to the DMH/MRS.
- 5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

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N. Services

The agency shall make home visits for the purpose of providing services which may include but are (in accordance with the IDT approved individual habilitation plan):

1. laundry
2. Meal planning
3. Meal preparation
4. Grocery shopping
5. House cleaning

O. Behavior Management

1. The agency's written policy, procedures, and records shall reflect the use of positive approaches and interactions of staff with clients.
2. The use of the following is prohibited:
 - a. corporal punishment;
 - b. seclusion;
 - c. verbal abuse;
 - d. forced exercise;
 - e. electric shock;
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate and
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
 - h. aversive conditioning

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P. Safety and Sanitation

1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written **policies**, procedures and a plan for meeting emergencies and disasters.

Q. Incident and Abuse Reporting

1. It is required that provider staff report to the case management provider, the surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit incident reports to the case management provider, the surveying agency and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

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R. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

S. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's services needs.
3. Development of written specific goals for the client in the provider's service area.
4. Development of service objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:

SECTION III- CONDITIONS OF PARTICIPATION

- a. be approved by the IDT
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate, and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
- a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

T. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry with copies provided to the case management provider, and shall include, but not be limited to the following:
- a. identification of the specific AIS/MR service being delivered;
 - b. documentation of implementation of the treatment plan;

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- c. chronological documentation of all services provided on behalf of *or* to the client and documentation of the client's progress;
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
- 2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
- 3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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6. PERSONAL CARE PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

The personal care provider is an agency which provides to persons with mental retardation and developmental disabilities in their homes services which include assistance with ambulation, dressing, toileting, grooming, feeding, bathing, and other self-help needs.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director.
5. The governing body shall be responsible for delegation to that person the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.

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6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one (1) year of previous administrative responsibility in an organization which served persons with **developmental** disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families are responded to in a supportive, timely and confidential manner.
 - b. Prompt and compassionate notification to the client's family and legal representative when such notification is appropriate of unusual occurrences, such as a serious illness, accident or death.
 - c. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - d. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - e. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.

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3. The agency shall have and follow policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
 - a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice of the client; and personal relationships should be considered when scheduling provision of services.
 - d. Methods and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

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G. Operations

1. The agency shall conduct review of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services, within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

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H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.

I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

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J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include a grievance and appeals process.
3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Allow individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process;
 - c. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - d. Provide each client with the opportunity for personal privacy and ensure privacy during care of personal needs to the extent possible, consistent with the capabilities of the client; and
 - e. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities.

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K. Records

1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites
 - c. Intake/Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessment (Residential Needs, Adaptive Skills, etc.) as appropriate to the service being provided
 - f. Plans of Care - Initial and Current
 - g. Staff notes
 - h. Required Cabinet for Health Services forms regarding services, payment, eligibility, etc.
 - i. Emergency telephone numbers
 - j. History of allergies with appropriate allergy alerts in instances of severe allergies.

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6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management providers.
- a. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.

L. Personnel Qualifications

1. The agency shall have sufficient direct-contact, supervisory, and support staff to deliver the agency's services.
2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one (1) year of supervisory responsibility in an agency serving persons with MR/DD.
 - c. The program director is responsible for the supervision of the direct-contact staff.

3. Direct-Contact Staff

Personal care direct-contact staff shall be eighteen (18) years old or older.

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M Training

1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.
2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct-contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three (3) months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N Services

The agency shall make home visits for the purpose of providing services which may include assistance with: (In accordance with the IDT approved individual habilitation plan)

1. Ambulation
2. Dressing
3. Toileting
4. Grooming

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5. Feeding
6. Bathing
7. Other self-help needs
0. Behavior Management
 1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
 2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
 3. The use of the following shall be prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate and
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
 4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:

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- a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:

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- a. when all conditions of Section XV Behavior Management, letter D, have been met, and
- b. when authorized by and included in the complete individual habilitation plan for the client which has been developed in accordance with Medicaid certification requirements for and under the direction of the **client's Medicaid-certified** case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan,
- c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
- d. when the staff person responsible for carrying out the plan has received specific training by the clinical psychologist with a Ph.D. in **the techniques** and procedures required-by the plan.

P. Safety and Sanitation

- 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
- 2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
- 3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters.

SECTION III- CONDITIONS OF PARTICIPATION

Q. Incident and Abuse Reporting

1. It is required that provider staff report to the case management provider, the surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff **reflecting on** the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR **1:330 E**, and 905 KAR **5:070**.
3. The agency shall submit the incident reports to the case management provider, the surveying agency and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
6. Reports of suspected abuse, neglect, exploitation, etc., should be investigated by the surveying agency.

R. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.

SECTION III - CONDITIONS OF PARTICIPATION

- c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates
7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

T. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry, with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR/DD service being delivered,
 - b. documentation of implementation of the treatment plan,
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress,
 - d. pertinent information regarding the client (e.g., behavior, special events),
 - e. beginning and ending times, and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress must be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

SECTION III - CONDITIONS OF PARTICIPATION

7. RESPITE PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

The respite provider is an agency giving short-term care and supervision of persons with mental retardation and developmental disabilities for the temporary relief of the families and family-home providers who have the primary responsibility for the supervision and care of the client. Respite care services may be provided in a variety of settings; e.g., in the client's home, in the emergency-respite residence, or at a local community activity.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.

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4. The governing body shall be responsible for appointment of the agency's executive director.
5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep records that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

c. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one (1) year of previous administrative responsibility in an organization which served persons with developmental disabilities,
2. The Executive Director shall have a police record check.
- 3[4]. In accordance with the policies and procedure established by the governing body, the executive director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization, and conservation of its physical and financial assets and the recruitment and direction of staff.

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D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.
2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouses, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family and legal representative concerning the client's day-to-day activities.

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- c. Prompt and compassionate notification to the client's family and legal representative of unusual occurrences, such as a serious illness, accident or death.
 - d. Visitation to all parts of the agency and homes that provide services to the individual and at reasonable times without prior notice with due regard for the client's right of privacy.
 - e. Involvement of the family or legal representative and client in decision making regarding the selection and direction of services provision.
 - f. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - g. Adaptation of information provided to and interaction with families, legal representatives and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
- a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and consistent with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities such as work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.

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- d. Methods and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
- e. Observance of special days and personal events is done on an individual basis and in an age-appropriate manner.

E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

- 1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
- 2. The agency shall have and follow written procedures for informing applicants found to be ineligible for services which include reasons for ineligibility.

G. Operations

- 1. The agency shall conduct review of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
- 2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.

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3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.
5. The agency has a description of services offered that are available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services, within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case-management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.

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3. If the agency has responsibility for the management of the client's funds, a separate account is maintained for each individual.

I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious diseases are in compliance with local, state or federal guidelines.
3. A written job description shall be provided to each staff person which describes the person's duties and responsibilities.
4. Each job description shall be reviewed at least annually and revised as needed.
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include grievances and appeals process.

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3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process;
 - c. Allow individual clients to manage their financial affairs and to the extent of their capabilities except as contraindicated by factors identified in their individual habilitation plan;
 - d. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - e. Ensure that clients are free from unnecessary drugs and physical restraints while in the care of the provider;
 - f. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider;
 - g. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities;
 - h. Ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, and to send and receive unopened mail;
 - i. Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans while in the care of the provider;

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- j. Ensure clients the opportunity to participate in social, religious, and community group activities while in the care of the provider;
- k. Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day while in the care of the provider;
- l. Permit a husband and wife to share a room while in the care of the provider.

K. Records

- 1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
- 2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
- 3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
- 4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
- 5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites
 - c. Intake/Face Sheet

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- d. Social History, Assessment and Summary
 - e. Assessments as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Required Cabinet for Health Services forms regarding services, payment, eligibility, etc.
 - i. Release for treatment
 - j. Emergency telephone numbers
 - k. Medical Assistance Card or copy
 - l. History of allergies - with appropriate allergy alerts in instances of severe allergies
 - m. Client medication records
 - n. Financial records
 - o. Photograph of the client.
6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- L. Personnel Qualifications
- 1. The agency shall have sufficient direct contact, supervisory, and support staff to deliver the agency's services.
 - 2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.

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- b. The program director shall be a QMRP and have one (1) year of supervisory responsibility in an agency serving persons with MR/DD.
- 3. Supervisory Staff
 - a. The agency shall employ a direct-contact staff supervisor who has a high school diploma or GED and two (2) years of experience in the field of mental retardation/developmental disabilities.
 - b. The supervisor may serve as program director if qualified and if respite care is the only program over which he serves as director.
 - c. The supervisor is responsible for the following:
 - 1. the supervision of direct-contact respite staff,
 - 2. the supervision of the emergency respite residence.
- 4. Direct-Contact Staff
 - a. The agency shall employ the following direct-contact staff:
 - 1. In-home in-residence hourly direct-contact respite staff who are eighteen (18) years of age and older.
 - 2. Overnight direct-contact respite staff who have a high school diploma, a G.E.D., or three (3) years experience in AIS/MR respite care and are age twenty-one (21) or older.

M. Training

- 1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

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2. The agency shall provide and document the completion of competency-based training to all employees including supervisory and direct-contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within ~~three~~ (3) months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N. Behavior Management

1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.
3. The use of the following shall be prohibited:
 - a. corporal punishment;
 - b. seclusion;
 - c. verbal abuse;
 - d. forced exercise;
 - e. electric shock;
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate;
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.

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4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also other less restrictive procedures have been tried and failed. There shall also be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)
 - d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.

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5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
 - a. when all conditions of Section XIV Behavior Management, letter D, have been met, and
 - b. when authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the client's Medicaid-certified case-management provider and which has been developed and approved by the IDT responsible for the client's individual habilitation plan, and
 - c. when carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. when the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.
0. Safety and Sanitation
 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.
 2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
 3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters such as fire, severe weather and missing persons.
 4. The emergency plan shall include the assignment of specific personnel responsible for each specific task included in the plan.

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5. The plan shall contain instructions related to notification procedures and to the use of alarm and signal systems to provide for alert to individuals according to their disability, including visual signals with alarms where there are clients who cannot hear.
6. All residential settings, other than in the client's home, used for the provision of respite services shall be equipped with the following:
 - a. Smoke detectors in working order, placed in strategic locations;
 - b. Two (2) fire extinguishers (one of which is capable of extinguishing a grease fire) which is at or above the rating of the 1A10BC type placed in strategic locations.
7. The overnight respite setting shall have no more than three (3) clients in residence at any given time.
8. The overnight respite setting shall have a separate bed for each client which is equipped with substantial springs and a clean comfortable mattress (or water mattress with a functional heater), and clean bed linens.
8. The overnight respite setting shall have separate sleeping rooms for persons of the opposite sex and for persons with an age variance of no more than five (5) years when the client is under age eighteen (18) or for persons placed in undue physical danger due to the relative size and strength of another client.
10. The agency shall have and follow policies and procedures for assuring that the nutritional needs of the client are met in accordance with the current recommended dietary allowance of Food and Nutrition Board of the National Research Council or as otherwise specified by a physician.

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11. The agency shall have and follow policies and procedures for assuring accessibility of the overnight respite settings to all clients.

Q. Incident and Abuse Reporting

1. It is required that provider staff report to case management provider, the surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit all **incident reports** to the case management provider, the surveying agency and OMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

Q. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. Medication which shall accompany a client to a day program or program site other than his/her respite site should be carried in a proper container labeled with medication and dosage.

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3. When medication is discontinued, the date and name of attending physician should be written on the medication administration form and that section lined through.
4. The agency shall have written policies and procedures for proper disposal **of medications.**
5. All medications shall be kept in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

R. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

s. Client Assessment and Individual Habilitation Plan

The provider shall be responsible for the following with regard to the Individual Habilitation Plan:

1. Development of an individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
2. Conducting and documenting accurate assessments to determine the client's service needs.

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3. Development of written specific goals for the client in the provider's service area.
4. Development of service objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings, as appropriate and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.
6. Submission of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of the service provider agency;
 - f. anticipated frequency and duration of the service; and
 - g. individual beginning and target dates.

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7. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

T. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry with copies provided to the case management provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR/DD service being delivered,
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress;
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.
3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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U. Services

The agency shall provide services in accordance with the IDT approved individual habilitation plan.

1. The agency shall provide hourly respite care;
2. The agency shall provide overnight respite care.
3. The operation, as needed, of an emergency respite residence.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and **developmentally** disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- c. Allow provider of *services* to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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8. HABILITATION PROVIDER QUALIFICATIONS

The provider shall meet the following qualifications with regard to its organization and operations.

A. Scope of Operations

The habilitation provider is an agency which provides to persons with mental retardation and developmental disabilities those therapies, treatment, and medical services/items which assist the client in acquiring and maintaining life skills that enable him to cope more effectively with the demands of his own person and environment and in raising the level of his physical, mental, and social functioning.

B. Governing Body

1. The organization shall have a governing body with overall responsibility for the provider's operation.
2. The organization shall be a legally constituted entity in the Commonwealth of Kentucky and shall have documenting evidence of its operating authority; e.g., the administrative framework of the governmental department of which it is a component; a private agency shall have a charter or articles of incorporation, constitution, by-laws, etc.
3. The governing body shall have authority to define its mission and values and establish policies concerning the operation of the agency and the welfare of the individuals served by the agency.
4. The governing body shall be responsible for appointment of the agency's executive director..

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5. The governing body shall be responsible for delegation to that person, the authority and responsibility for the management of the affairs of the agency in accordance with written policy and procedures.
6. The governing body shall meet as a whole on a bimonthly basis and keep **records** that demonstrate the ongoing discharge of its responsibilities.
7. The governing body shall provide orientation of new members of the governing body to the operations of the organization.

C. Executive Director

1. The Executive Director shall be qualified by training and experience with at least a Bachelor's Degree in Administration or a field related to human services and one year of previous administrative responsibility in an organization which served persons with mental retardation or developmental disabilities.
2. The Executive Director shall have a police record check.
3. In accordance with the policies and procedure established by the governing body, the Executive Director shall be responsible to the governing body for the overall operation of the organization, including the control, utilization; and conservation of its physical and financial assets and the recruitment and direction of staff.

D. Mission and Values

The organization shall have a written statement of its mission and values which provide the guiding principles for operation of the agency. Policies and procedures shall be reflective of these values.

1. The agency shall have and follow written policies and procedures which address ways in which the agency shall provide for client empowerment and decision making.

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2. The agency shall have and follow policies and procedures which address ways in which persons with whom the client has a significant relationship, including family, legal representative, advocates, spouse, and friends, shall be involved or participate with the client in activities. (The extent of family involvement shall be in accordance with the wishes of the adult client or his legal representative.)
3. The agency shall have and follow policies and procedures which address the ways in which the preservation of friendships shall be considered in decisions that affect the client.
4. The agency shall have and follow policies and procedures which provide for communication and interaction of agency staff with the client's family or legal representative which provide that:
 - a. Inquiries from families and legal representatives are responded to in a supportive, timely and confidential manner.
 - b. Agency staff who are directly involved with the client are provided opportunity to talk with the client's family or legal representative concerning the individual's day-to-day activities.
 - c. Prompt and compassionate notification to the client's family or legal representative of unusual occurrences, such as a serious illness, accident or death.
 - d. Involvement of the family-or legal representative and client in decision making regarding the selection and direction of services provision.

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- e. Provision of information to families and legal representatives which allows for informed decisions about service provision.
 - f. Adaptation of information provided to and interaction with families, legal representatives, and clients which takes into consideration cultural, educational, language, and socio-economic characteristics of the family being served.
5. The agency shall have and follow policies and procedures which address the client's integration into community environments.
6. The agency shall have and follow written policies and procedures which address that agency's efforts to maintain and enhance the dignity and self-worth of the persons being served in the areas of:
- a. Use of non-stigmatizing language and labels that are appropriate to age and sex.
 - b. Methods of service provision which are least restrictive and **consistent** with the developmental needs, strengths, and desires of the individuals.
 - c. Patterns of daily living and activities i.e., work and training times, meal times and working and sleeping hours follow the rhythm of life in the community and reflect personal choice.
 - d. Training content, methods, and materials are culturally normative and age appropriate for the client when viewed by his peers who do not have disabilities.
 - e. Observance of special days and personal events is done on an individual basis and in an age-appropriate manner.

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E. Advocacy

The agency shall have and follow policies and procedures regarding its interaction, communication, and cooperation with other agencies that provide advocacy, guardianship and protective services.

F. Access to Agency Services

1. The agency shall have and follow written criteria for determining the eligibility of individuals for admission to services.
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G. Operations

1. The agency shall conduct reviews of its written policies and procedures annually to determine whether they are in compliance with the requirements of laws, regulations, and certification standards.
2. The agency shall review its operations at least annually to determine whether they are in compliance with the requirements of its written policy and procedure statements.
3. Results of annual reviews of policies, procedures, and operations in the form of recommendations for changes in policies, procedures, and operation shall be recorded.
4. The agency and any component of its program shall be licensed, certified or approved as required by the laws or regulations of the state.

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5. The agency has a description of services offered that are available to the general public.
6. The agency shall maintain a current table of organization identifying its operational elements and programs and the administrative personnel in charge of each.
7. The agency shall establish and maintain working relationships with and complete and keep current written memoranda of understanding with all Medicaid-certified case-management providers of AIS/MR/DD waiver services within their recognized service area.
8. Written memoranda of understanding with AIS/MR/DD case management providers shall be approved by the Department for Medicaid Services and shall be signed by both the case-management provider and the provider of other AIS/MR/DD services.

H. Fiscal Management

1. Accurate fiscal information and documentation of revenue and expenses shall be maintained for purposes of proper allocation and analysis and to facilitate annual audits.
2. If the agency charges for its services, a written schedule of its policies relevant to rates and charges shall be available to any person upon request.
3. If the agency has responsibility for the management of the client's funds, a separate account is maintained for each individual.

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I. Personnel

1. The agency shall provide written personnel policies and procedures to each employee that include the agency's philosophy and give information regarding salary ranges, vacation and leave procedures, health insurance, retirement benefits, opportunities for continuing education and grievance procedures.
2. Personnel policies and procedures relative to employees with infectious-diseases are in compliance with local, state or federal guidelines.
3. A written job description is provided to each staff person which describes the person's duties and responsibilities.
4. Each job description is reviewed at least annually and revised as needed,
5. The agency shall complete a police record check on all staff providing services directly to the client and staff providing supervision of services.

J. Client Rights

1. The agency shall have and follow written policies and procedures that describe the rights of clients and the means by which these rights are protected and exercised.
2. The agency policies and procedures shall include a grievance and appeals process.

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3. The provider shall ensure the rights of all clients. Therefore, the provider shall:
 - a. Inform each client, parent (if the client is a minor), or legal representative, of the client's rights and the rules of the provider;
 - b. Inform each client, parent (if the client is a minor), or legal representative, of the client's medical condition and developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;
 - c. Allow and encourage individual clients to exercise their rights as clients of the provider, and as citizens of the United States, including the right to file complaints, and the right to due process.
 - d. Ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment while in the care of the provider;
 - e. Ensure that clients are free from unnecessary drugs and physical restraints while in the care of the provider;
 - f. Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs while in the care of the provider; and
 - g. Ensure that clients are not compelled to perform services for the provider and ensure that clients who do work for the provider are compensated for their efforts at prevailing wages and commensurate with their abilities.

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K. Records

1. The agency shall maintain a functional record keeping system to ensure that data are collected for planning and evaluation.
2. A cumulative record containing all information and documents for the provision of needed services shall be maintained for each client.
3. The individual client records shall:
 - a. be readily accessible to those who require such access,
 - b. be legible,
 - c. be dated (month, day, and year).
4. Symbols and abbreviations used in making record entries shall be identified in a legend that is available to persons who have access to the records.
5. The individual client record shall contain the following:
 - a. Client name, social security number and MAID number
 - b. Service Sites, Provider Names, Provider Numbers
 - c. Intake or Face Sheet
 - d. Social History, Assessment and Summary
 - e. Assessments as appropriate to the service being provided
 - f. Individual Habilitation Plan - Initial and Ongoing
 - g. Staff notes
 - h. Required Cabinet for Health Services forms regarding services, payment, eligibility, etc.
 - i. Documentation of any services available to the client under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142

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- j. Individualized Educational Plan (IEP) or Individual Family Service Plan (IFSP), if applicable.
 - k. Emergency telephone numbers
 - l. History of allergies with allergy alerts in instances of severe allergies
 - 6. The agency shall have and follow policies and procedures which maintain the confidentiality of the client's record and which keep it safe from loss, destruction, and use by unauthorized persons.
 - 7. The agency shall have and follow policies and procedures which assure distribution of the individual habilitation plan developed by the agency to the chosen case management provider.
 - 8. The agency shall have and follow policies and procedures which allow availability of the record to the client and his family or legal representative.
- L. Personnel Qualifications
- 1. The agency shall have sufficient professional and support staff to deliver the agency's services.
 - 2. Program Director
 - a. The agency shall have a program director who may also serve as executive director if the qualifications for both positions are met.
 - b. The program director shall be a QMRP and have one year of supervisory responsibility in an agency serving persons with MR/DD.

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3. Professional Staff

The agency shall employ directly or through procurement by contract the services of the following professional staff who are licensed or certified by the Commonwealth of Kentucky to provide the services to the general public where such license is required or as otherwise specified:

- a. Behavioral analytical specialist with a Master's Degree with formal graduate course work in a behavioral science (i.e., special education, education, or psychology) and one year of experience in behavioral programming.
- b. Psychologist, Ph.D. or Master's Degree with autonomous functioning.
- c. Licensed occupational therapist and occupational therapy assistant.
- d. Licensed physical therapist and physical therapy assistants.
- e. Licensed speech therapist.
- f. Expressive therapist with a Master's Degree in art, dance/movement, drama, or music therapy.
- g. Recreation therapist with a Bachelor's Degree in recreation, therapeutic recreation, physical education, or adaptive physical education.
- h. Leisure trainer with a high school education or GED and is Twenty-one (21) years of age or older.

M. Training

- 1. The agency shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

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2. The agency shall provide and document the completion of competency-based training to all employees not holding a current license to provide the service for which they are employed including supervisory and direct-contact staff to teach and enhance skills related to the performance of their duties.
3. The training shall be completed within three (3) months of employment.
4. Continuing in-service training shall be provided in accordance with the agency's policies and procedures for such training.
5. The agency's training curricula shall meet the standards set by and receive approval from the Department for Medicaid Services or its designated agency.

N. Services

The agency shall participate as necessary in the IDT meetings.

The agency may arrange for and provide the following services through employment, personal service contract or purchase the following: (in accordance with the IDT approved plan of care.)

1. Medical service/items - Services by appropriate medical specialists and items necessary to the client's habilitation not otherwise covered by any other service element of the Medicaid Program; items shall be prescribed by a physician and coauthorized by an habilitation specialist.

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2. Behavior Management - Identification and definition of techniques to be used by individuals and care givers when interacting with the client which are directed toward modification of maladaptive or problem behaviors; training care givers in the use of the techniques and appropriate and accurate recording of the client response; and evaluation of the techniques to include updating as needed.
 3. Psychological services - The administration of psychological testing for diagnosis and evaluation.
 4. Occupational Therapy
 5. Speech Therapy
 6. Physical Therapy
 7. Expressive Therapy
 8. Leisure/Recreation Therapy - Training clients in leisure/recreation skills and participation in leisure/recreation activities for more independent and constructive use of their leisure time.
0. Behavior Management
1. The agency shall have and follow written policies and procedures which define the behavior management techniques and interventions which may be used.
 2. The agency's written policy and records shall reflect the use of positive approaches and the use of positive behavioral interventions.

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3. The use of the following shall be prohibited:
 - a. corporal punishment
 - b. seclusion
 - c. verbal abuse
 - d. forced exercise
 - e. electric shock
 - f. any procedure which denies visitation or communication privately with family, legal representative or advocate;
 - g. any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities.
4. Highly restrictive procedures (i.e., time-out room, physical restraint [mechanical and manual] and drugs for behavior management) shall be used only when all of the following conditions are met and documented:
 - a. The interdisciplinary team, the human rights committee, a behavior specialist, and a psychologist, unless the behavior specialist is a psychologist, concur that the use of highly restrictive procedure is necessary and that to allow the persistent and intractable behavior on the part of the client to continue would cause severely damaging harm to the client or others. Also, other less restrictive procedures have been tried and failed. There also must be informed consent from the client or his legal representative.
 - b. An individualized written plan for behavior intervention has been developed by a behavior specialist and approved by the IDT and the human rights committee.
 - c. The plan is carried out under the supervision of a behavior specialist. (Supervision need not be direct.)

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- d. The staff person responsible for carrying out the plan has received specific training in the techniques and procedure required by the plan. Training shall be documented.
 - e. In case of emergency, chemical and physical restraints and removal from the environment may be used, but only to prevent bodily harm or major damage to the environment. These may be used no more than three (3) times over a six (6) month period without a team meeting to perform a functional analysis and develop or revise the behavior management plan and IDT.
5. Aversive conditioning (refers to the application, contingent upon the exhibition of a maladaptive behavior, of extremely unpleasant, startling, or painful stimuli that have a potentially noxious effect) shall be used only:
- a. When all conditions of Section XV Behavior Management, letter D, have been met, and
 - b. When authorized by and included in the client's complete individual habilitation plan which has been developed in accordance with Medicaid certification requirements for and under the direction of the case management provider and which has been developed by the IDT responsible for the client's plan of care, and
 - c. When carried out under the supervision of a clinical psychologist with a Ph.D., and
 - d. When the staff person responsible for carrying out the plan has received specific training by a clinical psychologist with a Ph.D. in the techniques and procedure required by the plan.
- P. Safety and Sanitation
- 1. The agency shall have and follow written policies and procedures which address maintenance of the safety of staff and clients.

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2. The agency shall have and follow written policies and procedures which address maintenance of sanitary conditions for clients and staff.
3. The agency shall have and follow written policies, procedures and a plan for meeting emergencies and disasters.

Q. Incident and Abuse Reporting

1. It is required that provider staff report to the case management provider, the surveying agency and DMS all major incidents on an approved Report Form. A major incident is: any emergency move to a hospital or other treatment facility; a criminal act by a client, or toward a client; a publicized impropriety by staff reflecting on the program; a major behavioral outburst resulting in property damage or personal injury to self or others; or other incidents considered important, especially any related to abuse or suspected abuse, neglect and/or exploitation.
2. The agency shall report all suspected/confirmed abuse, neglect or exploitation to the local Department for Social Services and to the legal representative as referenced in KRS 209.140, KRS 620.030, 905 KAR 1:330 E, and 905 KAR 5:070.
3. The agency shall submit the incident report to the case management provider, the surveying agency and DMS within five (5) working days of the incident.
4. The agency shall maintain copies of the incident reports.
5. Reports of suspected abuse, neglect, exploitation, etc., shall be investigated by the surveying agency.

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Q. Medications/Drugs

1. All staff dispensing medication shall have specific training on cause and effect of that medication and proper administration and storage.
2. The agency shall have written policies and procedures for proper disposal of medications.
3. All medications shall be kept in a locked container. (This includes over-the-counter drugs and vitamins as well as prescription drugs except when under supervision in self-administration.)

S. Client Intake and Admission to Services

1. The agency shall have and follow criteria for determining the eligibility of individuals for admission to services.
2. The agency shall conduct an evaluation to determine if the agency can provide for the client's needs and if the client is likely to benefit from the services provided by or through the agency.
3. The agency shall provide for the results of preliminary assessments and evaluations of the client to be explained to the client or his legal representative.
4. The agency shall provide for orientation for the client or his legal representative to the services available through the agency.

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T. Client Assessment Plan of Care

1. The provider shall be responsible for the following with regard to the Individual Habilitation Plan:
 1. Development of a complete individual habilitation plan shall be initiated within five (5) working days of the selection as a provider by the client.
 2. Conducting and documenting accurate assessments to determine the client's service needs.
 3. Development of written specific goals for the client in the provider's service area.
 4. Development of behavioral objectives to reach the identified goals which shall be stated in the complete individual habilitation plan. These objectives shall:
 - a. be approved by IDT,
 - b. be based on the strengths and needs identified by the assessment process,
 - c. be stated in measurable terms,
 - d. contain a performance criterion and a measurement of the behavior's stability over time,
 - e. contain a beginning date (mm/dd/yy), and
 - f. contain a projected completion date (mm/dd/yy).
 5. Designation of an employee who shall be the coordinator with the IDT, attend IDT meetings as appropriate and be responsible for assuring that the specific program plan is consistent with and incorporated into the complete individual habilitation plan for each individual served.

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6. Submission to the case management provider of the following, regarding agency-provided services, in written form (as provided for in the signed memorandum of understanding with the case management provider):
 - a. assessments used and findings;
 - b. service area;
 - c. goals and objectives;
 - d. methods to be used by those who implement the program;
 - e. name of service provider agency;
 - f. anticipated frequency and duration of the service;
and
 - g. individual beginning and target dates.
- i. The individual habilitation plan shall be completed and approved by the interdisciplinary team at IDT meetings within thirty (30) days of initiation and reviewed and approved or recertified at least every six (6) months thereafter.

U. Staff Notes

1. Staff notes shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry, with copies with copies provided to the case manager provider, and shall include, but not be limited to the following:
 - a. identification of the specific AIS/MR/DD service being delivered;
 - b. documentation of implementation of the treatment plan;
 - c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress;
 - d. pertinent information regarding the client (e.g., behavior, special events);
 - e. beginning and ending times of services; and
 - f. signature and title of caregiver.
2. All entries involving subjective interpretation of the client's progress shall be supplemented with a description of the actual behavior observed.

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3. The client's progress and current status in meeting the goals and objectives of his individual habilitation plan shall be regularly recorded.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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9. MULTI-SERVICE PROVIDER QUALIFICATIONS

- A. A multi-service provider is an agency that may provide directly (not through subcontract) a combination of any 2 or more of the following service programs:

1. Case Management;
2. In-Home Training;
3. Homemaker/Home Health Aid
4. Personal Care;
5. Residential Care;
6. Habilitation;
7. Day Habilitation; and
8. Respite.

(*An example of such a provider is a home health agency which meets certification standards. Such an agency might provide both personal care and homemaker services [or any other combination of the services if qualified to do so].)

These services are to be provided to persons with mental retardation and developmental disabilities so that they may remain in the community in the least restrictive setting and prevent the need for placement in an institutional setting.

B. Applicability of Other Provider Qualifications

A multi-service provider shall comply with all certification standards related to each specific service listed in Section I which it intends to provide. Those requirements which may be combined are as follows:

1. Those general areas dealing with the overall administration of the services provided.
2. An executive director may function as such for all the services of the multi-service provider.
3. A program director may serve more than one service area but not if he is also serving as executive director.

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4. Supervisory personnel may serve more than one service area, but not more than two.
5. Supervisory personnel may only serve one service area if also serving as program director.

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AIS/MR
MEMORANDUM OF UNDERSTANDING

In accordance with the requirements for certification as a qualified provider of alternative intermediate services to the mentally retarded and developmentally disabled, the undersigned agree that the requirements listed below will be followed to maintain certification as a provider:

Case Management Providers

- A. Maintain a current list of available providers in the same geographic area who are requesting to be offered as AIS/MR service providers.
- B. Offer the choice of all providers in the service area to eligible Medicaid recipients who require the service.
- C. Allow provider of services to attend IDT meetings as appropriate and as requested.

Non-Case Management Providers

- A. Provide a proof of Medicaid certification to the case management provider and geographic service area.
- B. Submit to the case management provider assessment summaries, goals and objectives for clients in common to the case management providers.
- C. Submit copies of staff notes to the case management provider for clients in common.

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- D. Provide the case management provider access to service sites and records of clients in common for the purpose of monitoring and assurance of quality of care for and safety of those clients.
- E. Timely response to citations of deficiencies identified by the case management provider in the form of corrective action.

Signature of Authorized Agent

Address

Signature of Authorized Agent

Address

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E. Staff Training

All providers shall have and follow policies and procedures for the provision of orientation for all new employees to acquaint them with, assure their understanding of, and compliance with the mission, goals, organization, and practices of the agency.

All AIS/MR provider staff are required to complete competency-based training within the first three (3) months of employment and in-service training thereafter in accordance with the agency's policies and procedures for such training. Additional training shall be provided as determined by the needs of the clients served and the responsibilities of the position. All agencies require clear documentation, in the form of a staff training plan, for each staff person's training. This plan shall include at least the title or type of training, trainer, length of training, date completed, and the employee's signature verifying completion, based on competency requirements and be updated at least annually.

The service agency's training plan shall include the resources used in training, length of training, and the post tests with the criteria used to determine competency. The plan must be approved by the AIS/MR staff and the training coordinator in the Division of Mental Retardation. Notification of any changes in the training may be accomplished by letter rather than submission of a total plan. The training plan shall be sent to: Department for Mental Health/Mental Retardation, 275 East Main Street, Frankfort, KY 40621.

Staff who have had previous training may take the test and be exempt from additional training, if they pass the required percentage of test items.

All staff shall receive additional training as outlined in the plan of care for the client for whom they are responsible. Example: 1) A provider who works with a nonambulatory client would need training in positioning, turning, and transferring. 2) A respite provider would need training in nutrition if they provide meals.

Providers of a single service, i.e., speech, physical, occupational therapies, who are qualified by either license or certification issued by the appropriate licensing agent of the Commonwealth of Kentucky are not required to receive the training outlined below.

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1. Training Topics:

Basic I:

Introduction to Mental Retardation and Developmental Disabilities to include at a minimum:

Definitions, Incidence and Classification
and Causes of Mental Retardation
Definition of Developmental Disabilities
History of Service System
Deviancy

Minimum qualification of trainer: Knowledge of Subject

Recommended length of training time: one and one half (1 1/2) hours

Values, Principles, and Normalization to include at a minimum:

Definition
Applicability in Every Day Life
Dignity of Risk
Developmental Model

Minimum qualification of trainer: Knowledge of Subject

Recommended length of training time: one (1) hour

Rights of Persons with Mental Retardation/Developmental Disabilities to include at a minimum:

Basic Human Rights
Legal Rights
P.L. 94-142/P.L. 99-457
Abuse and Neglect
P.L. 98-527
Kentucky HB 53
P.O. 93-516 (Section 504)

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Minimum qualification of trainer: Knowledge of Subject
Recommended length of training time: one (1) hour

Record Keeping to include at a minimum:

- Staff Notes
- Components of a Record
- Confidentiality
- Legal Implication of Record

Minimum qualification of trainer: Knowledge of Subject
Recommended length of training time: one (1) hour

Working with Families to include at a minimum:

- Communication
- Attitudes
- Parents and Professionals as Partners
- Role of Families
- History of Family Involvement in the Service Delivery System
- Basic Needs of Families

Minimum qualification of trainer: Knowledge of Subject and actual experience working with families.
Recommended length of training time: two (2) hours

First Aid

Minimum qualification of trainer: Current Red Cross Trainer Certification
Recommended length of training time: as determined for certification

CPR Minimum qualification of trainer: Current American Health Association or Red Cross Trainer Certification
Recommended length of training time: as determined for certification

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Medications and Seizures* to include at a minimum:

- Side Effects of Common Medications
- Recognizing Signs and Symptoms of Illnesses
- Observing and Reporting Symptoms
- Storing Medications
- Using Agency Medication Forms
- Recognizing Seizures
- Treatment

This training cannot be self instruction only

Minimum qualification of trainer: MD, RN, LPN, or pharmacist
(for medication) and MD, RN, or LPN (for seizures)
Recommended length of training time: three (3) hours

*This training does not suffice as adequate training for the
administration of medications.

Safety Awareness to include at a minimum:

- General Safety Rules
- Fire Safety and Fire Drill
- Incident Reports
- Storage of Hazardous Substances

Minimum qualification of trainer: Knowledge of Subject
Recommended length of training: one a one half (1 1/2) hours

Social and Sexual Aspects of Life to include at a minimum:

- Age appropriate Social and Sexual Behavior
- Dealing with Inappropriate Unacceptable Behavior
- Dating
- Parental Concerns
- Who is Responsible for Sex Education
- Agency Policies

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Minimum qualification of trainer: Knowledge of Subject
Material

Recommended length of training time: two (2) hours

Basic II

Introduction to Behavioral Goals and Objectives to include at a
minimum:

Setting Realistic Goals
Writing Measurable/Behavioral Objectives
Client Improvement
Using Clear Language
Strengths, Needs, and Reinforcers

Minimum qualifications of trainer: Knowledge of Subject
Recommended length of training time: two (2) hours

Introduction to Individualized Program Planning to include at a
minimum:

How to Individualize in Group Settings
Planning Across Program Areas
Meaningful Unstructured Time

Minimum qualifications of trainer: Knowledge of Subject
Recommended length of training time: one (1) hour

Introduction to Behavior Change to include at a minimum:

Identifying Behaviors
Reinforcers
Shaping
Fading
Chaining
Extinction

Minimum qualification of trainer: Formal Training in Behavior
Management/Learning
Recommended length of training time: three (3) hours

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Introduction to Assessments to include at a minimum:

Type of Assessments (e.g., neurological, behavior, nutrition, educational, psychological, psychiatric, vocational, adaptive behavior, adaptive equipment, physical therapy, occupational therapy, speech therapy)

Who Does various Assessments

Use of Adaptive Behavior Assessments

Referral Procedures (internal procedures, contracts, resources...)

Minimum qualification of trainer: Trainer in Diagnostic Assessments

Recommended length of training time: three (3) hours

Task Analysis to include at a minimum:

Application to Areas of Self Care/Basic Self-Help Skills, Community/Independent Living Skills, and Vocational Skills.

Minimum qualifications of trainer: Knowledge of Subject

Recommended length of training time: three (3) hours

Positioning, Turning, Transferring to include at a minimum:

Positioning: side-lying
back-lying
stomach-lying

Turning: stomach to back
back to stomach

Transferring: bed to wheelchair
wheelchair to bed
floor to wheelchair
wheelchair to floor

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Minimum qualification of trainer: Clinician with appropriate
Specialization or Supervision or Supervision by the Clinical
Specialist

Recommended length of training time: two (2) hours and
additional as necessary for clients served

Nutritional and Meal Planning to include at a minimum:

Interaction of Common Medication
Nutritional Needs
Basic Meal Planning
Food Storage and Handling

Minimum qualifications of trainer: Formal training in
nutrition or dietetics

Recommended length of training time: one (1) hour

Basic Home Management to include at a minimum:

Laundrying
House Cleaning
Food Storage and Meal Planning
Activities in the Home
(The specifics to be taught here depend on the residential
setting and staff responsibilities.)

Minimum qualifications of trainer: Knowledge of Subject
Recommended length of training time: two (2) hours

Medication Administration to include at a minimum:

Legal Issues Involved in Medication Administration
Drug Classes
Recording and Using Agency Medication Forms
Procedures for Destruction of Medication
Side Effects of Medication
Storing Medication

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Minimum qualification of trainer: MD, Pharmacist, Nurse
Recommended length of training time: six (6) hours

Persons administering medications shall receive at least annual reviews and updates on this training.

2. Training Specific Various Positions:

New Staff in any position shall have at least Basic I. The following includes the minimum training for various positions:

Core Staff (This also includes all habilitation staff and others not listed elsewhere or otherwise excluded.) - All Training

Case Managers - Basic I, II, Task Analysis, and Introduction to Assessment

In-Home Trainers - Basic I, III, Task Analysis, and Introduction to Assessment

Day Habilitation (Both Adult and Children's)
Staff Basic I, II, and Task Analysis, Introduction to Assessments

Respite Provider - Basic I, Medications Administration, Introduction to Behavior Change

Homemaker/Home Health Aide Staff - Basic I except First Aid and CPR which are strongly recommended.

Personal Care Providers - Basic I

Residential Providers - Basic I, II, Nutrition and Meal Planning, Medications Administration, Introduction to Assessment, Basic Home Management.

3. Training Schedule:

Training must be completed by at least the following time frames:

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Upon employment, it is recommended that all staff be given a general overview of the agency, mental retardation/developmental disabilities services, and the training goals and schedules.

Basic I

The following topics shall be completed within the first six (6) weeks of employment:

Introduction to Mental Retardation and Developmental
Disabilities Values, Principles and Normalization
Medications and Seizures
Safety Awareness

The following topics must be completed within the first three (3) months of employment:

Rights of Persons with Mental Retardation/Developmental
Disabilities
Record Keeping
Working with Families
Social and Sexual Aspects of Life
First Aide and CPR. These need to be completed with staff
appropriately certified prior to working independently with
clients.

Basic II

The following topic must be completed within the first six (6) weeks of employment:

Introduction to Behavior Change

The following topics must be completed within the first three (3) months of employment:

Introduction to Behavioral Goals and Objectives
Introduction to Individualized Program Planning

Other Topics

All topics must be completed within three (3) months, but prior to assuming independent function.

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F. Service Records

1. Service records shall substantiate the services billed to Kentucky Medicaid.

They shall be maintained for a minimum of five (5) years and for any additional time as may be necessary in the event of an audit exception or other dispute. The records and any other information regarding payments claimed must be maintained in an organized central file and furnished to the Cabinet for Health Services upon request and made available for inspection and/or copying by Cabinet personnel and Health Care Financing Administration (HCFA) representatives.

Failure of the provider to provide documentation necessary to substantiate billed services may result in a request for refund of payments for those services.

2. Confidentiality of Service Records

All information contained in the service record is treated as confidential and is disclosed only to authorized persons, including authorized Cabinet for Health Services and HCFA representatives.

All individual service records of terminated individuals shall be completed promptly, filed and retained for a period of time determined by the governing authority or in accordance with KRS, which is currently five (5) years.

In the event of a change of ownership of a provider, all records, indexes and registers shall be transferred to the new owner.

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3. Staff Notes

Staff notes verifying that an appropriate service occurred shall be entered in the client's records, be used as a basis for reviewing the individual habilitation plan, signed and dated by the individual making the entry and shall include, but not limited to the following:

- a. identification of the specific AIS/MR/DD service being delivered;
- b. documentation of implementation of the treatment plan;
- c. chronological documentation of all services provided on behalf of or to the client and documentation of the client's progress;
- d. pertinent information regarding the client (e.g., behavior, special events); and
- e. beginning and ending times; and
- f. signature and title of caregiver.

The staff note shall be one of two types and shall meet the following requirements:

- a. Per contact staff note - This note shall be recorded within two (2) working days for each billable service provided. It shall stipulate the date (month, day, year), time of day the service began and ended, and be entitled as to the type of service rendered. The content of the note should describe the client's response to activities designed to provide or supplement the training in the individual habilitation plan and should also include other pertinent information regarding the client (e.g. behavior, special events, etc.) The person rendering the service shall make the note, sign his name, and enter his position title for each entry.

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- b. Summary note: This is to be a summary of a client's activity in a given program to be recorded at least weekly by the person rendering the service. (Where two or more persons are rendering the service only one (1) is required to make the entry.) The weekly summary shall be entitled as to type of service and shall include the dates of attendance (month, day, year) and time each day in attendance, exclusive of transportation, and a brief description of client's activity or participation. The content of the note should describe the client's response to activities designed to provide or supplement the training in the individual habilitation plan and should also include other pertinent information regarding the client (e.g. behavior, special events, etc.). The person entering the summary note must sign his name and enter his position title for each entry.

Summary notes are required for:

- 1) Day Habilitation Services,
- 2) Residential Services, and
- 3) Respite Services after five (5) days of daily notes.

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G. Financial Accountability

Providers of AIS/MR services shall maintain financial accountability with respect to funds expended for AIS/MR services.

1. Records

Individual service records shall be retained on all AIS/MR clients for whom services have been billed to Medicaid.

2. Availability of Records

All service and financial records shall be made available, upon request, to representatives of Kentucky Cabinet for Health Services; Department of Health and Human Services; Comptroller General; the Health Care Financing Administration; the General Accounting Office or their designees; for auditing or monitoring purposes.

3. Audits

All AIS/MR providers shall be subject to an annual audit.

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H. Client's Continuing Income

If it is determined by the local office of the Department for Social Insurance that a client has income in excess of the monthly eligibility standard, the amount of excess income or continuing income is to be collected by the case management provider from the client or his responsible party.

Notification (MA-105, Notice of Eligibility/In-Eligibility) of the continuing income amount shall be sent to the case management provider and the client or responsible party.

The case management provider shall, as a part of the case management function, inform all service providers who serve the client of the continuing income amount.

The continuing income amount shall be deducted from AIS/MR claims submitted each month on behalf of the client.